

Wright ESD
Certificated Substitute Monthly Time Sheets

Name: _____
Address: _____
City, State, Zip: _____

Social Security No: _____
Phone: _____
School Site: _____

<i>Date Worked MO/DD/YY</i>	<i>Last Name of Teacher Replacing</i>	<i>Teacher Absence Reason</i>	<i>Full (F) or Half (H)Day</i>	<i>Program to Be Charge</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

Total Full Days: _____
Total Half Days: _____

Substitute Signature: _____

Principal Signature: _____

Time sheets must be submitted to the district office on the last working day of each month.

PAYROLL USE ONLY:

Daily Rate@ Days

_____ X _____	\$ _____	Acct. Code: _____
_____ X _____	\$ _____	Acct. Code: _____
_____ X _____	\$ _____	Acct. Code: _____
_____ X _____	\$ _____	Acct. Code: _____
_____ X _____	\$ _____	Acct. Code: _____
_____ X _____	\$ _____	Acct. Code: _____
_____ X _____	\$ _____	Acct. Code: _____

Total: \$ _____