

Aleutians East Borough School District

SUBSTITUTE TIMESHEET

NAME _____

EIN _____

DO NOT INDICATE YOUR SOCIAL SECURITY NUMBER

ADDRESS _____

SCHOOL SITE _____

CERTIFIED

YES	NO
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FOR THE PERIOD STARTING _____ ENDING _____

DATE	HOURS	SUBSTITUTING FOR [NAME]	DATE	HOURS	SUBSTITUTING FOR [NAME]
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31					

I hereby certify that the hourly figures stated herein for this pay period are true and accurate.

EMPLOYEE SIGNATURE & DATE_____
SUPERVISOR SIGNATURE & DATE**THIS COMPLETED FORM MUST BE IN THE BUSINESS OFFICE BY 5:00 PM ON THE 16TH OF EACH MONTH...!!!**