

Substitute Timesheet

For Substitute Teachers, Instructional Assistants, and Custodians Only

NAME _____

Month _____

LOCATION _____

Year _____

EMP NO. _____

Write the name of person substituting for:

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DATE	Time In	Time Out	Total Hrs	Teacher's Name	Instr. Assistant's Name	Custodian's Name	Signature of Substitute
Principal/Supervisor				SUB TEACHER	SUB INST. ASSIST.	SUB CUSTODIAN	Total Hours

To Be completed by School