

## SUBSTITUTE TIME RECORD

# InterMountain ESD

2001 SW Nye Ave

Pendleton, OR 97801

Employee #

**Name:**

**Pay Period:****Mailing Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Email:**

**Note: In order to substitute, the following items are required to be on file at the IMESD office:**

- ESD Application
- I-9
- W-4
- Fingerprint Verification
- Oregon Teaching License

Date Substituted	Hours Worked X:XX - X:XX	# of Hours Worked	Person Substituted For	L/C	At (Site/Location)	**Initialed/ Verified
TOTAL HOURS						

***\*\*A classroom staff member must initial to verify date, hours worked and person substituted for.***

Pay period cutoff is the **5th** of each month

Timesheets received after the cutoff date will NOT be processed until the following month

Payday is the 25th of each month, or the last working day prior to the 25th

**Send all Sub Time Records to Charlene Surber at InterMountain ESD, HR Office, 541-966-4696 (fax)**

***Substitute Signature***

**InterMountain ESD Dept Supervisor Signature**

**FOR OFFICE USE ONLY:**

Rate of Pay	Hours	Account #