

SUBSTITUTE PARA PRO RECORD OF TIME

MARYSVILLE SCHOOL DISTRICT

First/Last Name _____
 (Please Print Legal Name Clearly)

Month: _____ Location Worked _____

**Please do not use this pay sheet for substitutes working in a secretarial position.
 They are paid through SOL.**

Date	Hours Worked	Absent Employee Name	Reason for Absence	Account code	Initl

Total Hours Worked for Month: _____

 Employee Signature Date Approval Date

Summary of hours; Must be completed before submission for payment (except hourly rate field)

Total Hours	Level	Hrly Rate	Account Code

Submission of timesheet without appropriate data may be returned for proper completion, therefore resulting in a possible delay of pay to the employee

