

**Eastmont School District #206
Certificated Substitute**

Month: _____

Year: _____

Substitute's Name (Please Print) _____

Substitute's Signature _____

DATE _____

*TIME SHEETS NOT RECEIVED BY PAYROLL BY THE 5TH OF THE MONTH WILL BE
PROCESSED THE FOLLOWING MONTH.*

SUBSTITUTES ARE RESPONSIBLE FOR MAINTAINING AND SUBMITTING THIS TIMESHEET TO PAYROLL

Date:	Name of Absent Employee	Location	Full Day	Half Day	Building Signature and Budget #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total:					

Payroll Use Only:	Total Hours
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It is the responsibility of each substitute to obtain the appropriate substitute time sheet on the 1st of the month and record all time worked. The work month runs from the 1st of the month through the last working day of the month.

Payment will be made the last working day of the following month and mailed to your home.