CERTIFICATED SUBSTITUTE PAY TIMESHEET

EMPLOYEE NAME _____ ID # _____

_____ _____

MONTH/YEAR EMPLOYEE SIGNATURE

DEADLINES – Period of 1st – 10th and Period of 11th –

PAYROLL USE ONLY

_____ _____ @ $_____ = _____ _____

_____ _____ @ $_____ = _____ _____

_____ _____ @ $_____ = _____ _____

_____ _____ @ $_____ = _____ _____

_____ _____ @ $_____ = _____ _____

GRAND TOTAL $_____ PAID