# CERTIFICATED SUBSTITUTE TIMESHEET

**NAME:** _____ **EMPLOYEE ID#:** _____

**PAY DATE:** _____

Turn in monthly * Sick Leave: 1 hour (1/6 Daily Rate) for every 30 hours worked

| Date | Name of absent teacher | Abs Rsn | # Days | # Periods |
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Absence Reason: 1- Illness 2- PN/No Tell 3- Bereavement 4- Unexcused Absence 5- School Business 6- Jury Duty

Substitute Signature: _____

Site Admin Approval: _____

Updated: 6/2026