CLASSIFIED SUBSTITUTE TIMESHEET

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

PAY DATE: _____

Turn in monthly * Sick Leave Paid: 1 hour for every 30 hours worked

Date	Duty Performed	Location	Start Time	Begin Break	End Break	End Time	Total Hours
						Total Hours	

Employee Signature: _____

Admin Approval: _____

Update: 6/2026