

Substitute Timesheet

Name: _____

Pay Period: ____ / 16 / ____ to ____ / 15 / ____

Month: _____

Day	Pay Type		Person / Position Subbed For
	CERT: Day(s) Worked	CLASS: Hours worked	
16	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
17	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
18	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
19	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
20	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
21	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
22	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
23	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
24	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
25	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
26	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
27	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
28	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
29	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
30	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
31	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
TOTAL a			

**** CERT Enter total days worked; CLASS Enter total hour worked**
Attached approved Leave of Absence Request to timesheet

Site:	DVES	BV
(Circle all that apply)	DO	TRANS

Month: _____

Day	Pay Type		Person / Position Subbed For
	CERT: Day(s) Worked	CLASS: Hours worked	
1	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
2	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
3	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
4	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
5	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
6	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
7	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
8	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
9	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
10	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
11	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
12	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
13	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
14	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
15	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
TOTAL b			

TOTAL (a+b) **	
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Comments/Notes

Employee Signature and Date

I certify that I have performed the duties as reported herein.

Administrator Signature and Date