

MANCHESTER LOCAL SCHOOL DISTRICT

CLASSIFIED SUBSTITUTE TIME SHEET

Month _____ Year _____ Social Security No. _____

Employee Name _____ Phone _____

Address _____ City _____ Zip _____

Position _____ Building _____

Date	In	Out	In	Out	Hours	For Whom
16 th						
17 th						
18 th						
19 th						
20 th						
21 st						
22 nd						
23 rd						
24 th						
25 th						
26 th						
27 th						
28 th						
29 th						
30 th						
31 st						

Signature of Employee _____

Signature of Principal/Supervisor _____

	<u>Hours</u>	<u>Pay Rate</u>	<u>Total Pay</u>
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
TOTAL	=====	=====	=====

Please complete and return by the 1st of the month.