

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
1 st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						
8 th						
9 th						
10 th						
11 th						
12 th						
13 th						
14 th						
15 th						

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 16th of the month.