Classified Substitute – Time Card

Crook County School District

Pink

Name: _____ ID #: _____

Building: _____ Period Ending: _____

Date	Sub Class	Account #	Subbing For	Sub Initials
	Hours	Secretary will Assign	Employee's Name	Approving Daily Time
		Total Hours:		

For Payroll Use:

CODE	RATE	HOURS

Instructions: One timesheet for each substitute per school. Each substitute is responsible for completing the information on a daily basis and initialing the entry to show agreement. This document serves as the basis for pay.

Administrator's Signature: _____

Original to Payroll
Copy to Building

Revised August 2007