HARRISON HILLS CITY SCHOOL DISTRICT SUBSTITUTE TIME SHEET

NAME:_____**BUILDING:**_____

PAY PERIOD ENDING:_____

KEY Class:
A-Aide
CK-Cook
CU-Custodian
N-Nurse
S- Secretary

KEY Teacher:
RT-Regular
SP-Special
VO-Voc Ed

DAY	DATE	SUB FOR	KEY CODE	TIME IN	TIME OUT	LUNCH	TIME IN	TIME OUT	SUB INITIAL	TTL HRS
SUN						LUNCH				
MON						LUNCH				
TUES						LUNCH				
WEDS						LUNCH				
THURS						LUNCH				
FRI						LUNCH				
SAT						LUNCH				
SUN						LUNCH				
MON						LUNCH				
TUES						LUNCH				
WEDS						LUNCH				
THURS						LUNCH				
FRI						LUNCH				
SAT						LUNCH				

I hereby certify that this report is a true and accurate statement of the actual hours worked by me on each of the above listed dates.

EMPLOYEE SIGNATURE:_____

I hereby certify that this reprot is a true and acurate statement of the actural hours worked by the employee to the best of my knowledge and belief.

PRINCIPAL/SUPERVISOR'S SIGNATURE:_____

TREASURER'S OFFICE

OT	REG	RATE	TOTAL	ACCOUNT CODE