SUBSTITUTE TIME SHEET CLAY COUNTY SCHOOLS

NAME_____POSITION_____

PAY PERIOD: FROM_______TO_____, _____

SUBSTITUTE EMPLOYEES ARE PAID ON THE 10TH AND 20TH

MONTH	DAY	HRS WKD	WORKED FOR	SUPERVISOR INITIALS	CHECK IF 1/7TH RATE OR BUS AIDE RUN	DAYS WORKED OS DAYS HOLIDAYS SNOW DAYS TOTAL DAYS TO BE PAID
						EMPLOYEE SIGNATURE
						EMPLOYEE ID NUMBER
						SUPERVISOR SIGNATURE

TIME SHEETS NEED TO BE TURNED IN TO THE BOARD OFFICE ON THE LAST WORKING DAY OF EACH PAY PERIOD