

SOUTHINGTON BOARD OF EDUCATION
49 BEECHER STREET, SOUTHINGTON, CT 06489

SUBSTITUTE TEACHER TIME SHEET

EMPLOYEE NAME _____

_____ DAYS @ \$ _____

TOTAL _____

PAYDATE _____

EMPLOYEE NUMBER _____

(For Payroll Use Only)

DAY	DATE	HALF-DAY	FULL DAY	TEACHER NAME	SCHOOL	APPROVAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

EMPLOYEE SIGNATURE _____