TRANSPORTATION SUBSTITUTE TIMESHEET 2019-2020

NAME_____
ID # _____
ADDRESS_____
CITY, STATE, ZIP_____

POSITION	CODE	RATE
BUS DRIVER	1	$12.36
BUS PARA	2	$12.00

DATE	BUILDING	ABSENTEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL # HOURS	RATE OF PAY	CODE	AUTHORIZED SIGNATURE

I certify that the above report is correct and accurate.

Substitute Signature_____

TIMESHEETS ARE DUE BY THE 3RD OF THE MONTH. LATE TIMESHEETS WILL BE HELD UNTIL THE FOLLOWING MONTH.

HR - goldenrod

REVISED 7-1-19