

CUSTODIAL SUBSTITUTE TIMESHEET

2019-2020

NAME _____
 ID # _____
 ADDRESS _____
 CITY, STATE, ZIP _____

POSITION	CODE	RATE
CUSTODIAL	1	\$12.06

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

Substitute Signature _____

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