

NUTRITION SERVICES SUBSTITUTE TIMESHEET 2019-2020

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

POSITION	CODE	RATE
NUTRITION SERVICES ASSISTANT	1	\$12.01

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.