

HURON INTERMEDIATE SCHOOL DISTRICT
SUBSTITUTE TEACHER TIME SHEET

EMPLOYEE: _____ PROGRAM: _____

SUBSTITUTE FOR: _____

DATE	TIME IN	TIME OUT	HOURS

TOTAL HOURS (THIS PAGE): _____

GRAND TOTAL HOURS (ALL PAGES): _____

BY SIGNING THIS TIME SHEET, I CONFIRM I HAVE PERFORMED THE DUTIES ON THE DATES AND TIMES LISTED ABOVE. IF THERE ARE ANY DISCREPANCIES DISCOVERED, AN ADJUSTMENT MAY BE REQUIRED.

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

FOR OFFICE USE ONLY	
ACCOUNT NUMBER(S):	