Two Rock Union School District

Certificated Substitute Timesheet

Name: _____ Year: _____

Month (circle one): Jan Feb March April May June July Aug Sept Oct Nov Dec

Date	Full or Half Day	Teacher or Grade	Office Use: Reason/Purpose

Sub Signature: _____ Date: _____

Supervisor Signature: _____

Office Use Only	
	Total Days: Half Days: _____ Full Days: _____
	Account Code(s): _____
	Supplemental Pay Date: HFA: Entered by: