

Barnwell School District 45
Substitute Teacher Time Sheet

School: _____

Substitute Name: _____

Soc. Sec. # XXX-XX- _____

I am substituting for:

(Teacher Name)

Date: _____

(Teacher Name)

Date: _____

(Teacher Name)

Date: _____

(Teacher Name)

Date: _____

(Teacher Name)

Date: _____

DISTRICT OFFICE USE ONLY	DATE	TIME IN	TIME OUT	TOTAL HOURS (not to exceed 7)	Substitute Signature

IMPORTANT: The maximum number of hours you will be paid for per day is 7. Remember that your signature is required each day you work.

Principal's Signature

Date

Notes/Comments: _____
