

NAME \_\_\_\_\_  
 Address \_\_\_\_\_

**Due 15th of each month**

	Date	On	Off	On	Off	TOTAL	Substituted for .....
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							

	Date	On	Off	On	Off	TOTAL	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							

	Date	On	Off	On	Off	TOTAL	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							

	Date	On	Off	On	Off	TOTAL	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							

	Date	On	Off	On	Off	TOTAL	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							

**Total Hours**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

**NOTE: THIS TIMESHEET IS TO BE USED BY ALL CLASSIFIED SUBSTITUTES**