Breckinridge County Board of Education
86 Airport Road Hardinsburg, KY 40143

Substitute Teacher Timesheet

Name: _____
Address: _____

Date Taught	Hours per day	Name of Absent Teacher	School	Leave Blank Office Use

Office Use Only

# of days _____ X _____ (rate)=_____ _ _ _ 1918 0120
# of days _____ X _____ (rate)=_____ _ _ _ 1918 0120
# of days _____ X _____ (rate)=_____ _ _ _ 1918 0120
# of days _____ X _____ (rate)=_____ _ _ _ 1918 0120
# of days _____ X _____ (rate)=_____ _ _ _ 1918 0120
# of days _____ X _____ (rate)=_____ _ _ _ 1918 0120

_____ Total Amount Due

I certify that the above is a correct statement of days worked for the Breckinridge County Board of Education.

_____
Signature

DUE BY 15TH OF EACH MONTH