



May Independent School District

Where everybody is somebody

Substitute Employee Weekly Time Sheet

Employee Name: _____ Employee #: _____

Weekday	Date	Description of Duty (Teacher, Aide, Cafeteria, Janitor, Bus Driver, Bus Monitor, etc.)	Start Time or Route (AM/PM)	Lunch Out	Lunch In	End Time or Route (AM/PM)	Total Hours or # Routes Worked
SUNDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							
MONDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							
TUESDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							
WEDNESDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							
THURSDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							
FRIDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							
SATURDAY <input type="checkbox"/> Full <input type="checkbox"/> ½ Day							

Total hours worked this week: _____

Total Overtime Hours Worked: _____

I certify this is an accurate record of hours worked.

Substitute Teacher Signature

Date

Supervisor Signature

Date