

MANCHESTER LOCAL SCHOOL DISTRICT

SUBSTITUTE TEACHER TIME SHEET

Month _____ Year _____ Social Security No. _____

Employee Name _____ Phone _____

Address _____ City _____ Zip _____

Position _____ Building _____

Date	In	Out	% of Day	School	For Whom
16 th					
17 th					
18 th					
19 th					
20 th					
21 st					
22 nd					
23 rd					
24 th					
25 th					
26 th					
27 th					
28 th					
29 th					
30 th					
31 st					

Signature of Employee _____

Signature of Principal/Supervisor _____

	<u># of Days</u>	<u>Pay Rate</u>	<u>Total Pay</u>
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
Account # _____	_____	_____	_____
TOTAL	=====	=====	=====

Please complete and return by the 1st of the month.