



**COP ESD Classroom
SUBSTITUTE TIME SHEET**

TWO WEEKS ENDING: _____

Employee: _____

Program: _____

Day	Date	Hours Worked	Circle One		Substituted For (Name)
			Para	Teacher	
Monday			Para	Teacher	
Tuesday			Para	Teacher	
Wednesday			Para	Teacher	
Thursday			Para	Teacher	
Friday			Para	Teacher	
	Weekly Totals:				

Day	Date	Hours Worked	Circle One		Substituted For (Name)
			Para	Teacher	
Monday			Para	Teacher	
Tuesday			Para	Teacher	
Wednesday			Para	Teacher	
Thursday			Para	Teacher	
Friday			Para	Teacher	
	Weekly Totals:				

Total Hours for two weeks: _____

NOTE: Please submit this timesheet to COP ESD ATTN: Brenda Fritz.

<p>Office Use Only:</p> <p>_____ Hours @ _____</p> <p>Gross Salary: _____</p>

I attest that the contents of this timecard are accurate and my own.

Employee Signature: _____

Supervisor initials: _____