

# PER DIEM TIMESHEET

## Section A

This is to certify that I, , was employed in the following position:

Substitute Teacher    Substitute Teacher Assistant    Substitute Aide    Other

Substituting For: \_\_\_\_\_

Date: \_\_\_\_\_

Full Day    Half Day    Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Day    Half Day    Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Day    Half Day    Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Day    Half Day    Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Day    Half Day    Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions:** Please complete Section A (address must be complete) and Section C (if applicable) and forward to your program administrator.  
*If payment for any of the above hours is from a federal source you must complete Section C on the reverse side of this form.*

**Timesheets must be turned in on a weekly basis.**

NYS Teachers' Employee Identification Number: \_\_\_\_\_

NYS Employees' Retirement System Number: \_\_\_\_\_

Employee Number or Social Security Number : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address:  The address field is required to process timesheet.

## Section B

For Office Use Only

\_\_\_\_\_  
Division Approval Signature

Code

Total Days  x Rate Per Day  = Total

DIVISION STAMP

PAYROLL STAMP

# Section C

## Daily Log

Employee's Name:

Please Print

Employee Number or Social Security Number:

<i>DATE</i>	<i>HOURS</i>	<i>BRIEF DESCRIPTION OF WORK PERFORMED</i>	<i>GRANT NAME</i>

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

Date:

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

Date: