THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SUBSTITUTE TEACHER DAILY ATTENDANCE SHEET & EXPENSE TRANSFER

Substitute Teacher: _____ _____
Last Name First M. **Social Security**

School: _____ **Loc. #:** _____

_____ **Substituted for:** _____ **Teacher #** _____
Substitute's Signature

Remarks _____
_____

Sub Search Job #					
Dates Substituted					
Hours Worked					

Complete Bottom of form only for reclassification of substitute expenditures

	Fund	Function	Location	T	U	Activity	Hours	Pay	End	Date	FOR PAYROLL USE ONLY Job Class	Earn Type	Gross Amount	+/-
ET-008	100	5901			0	00000					660921			-
ET-008											660921			+
ET-008											660921			+
ET-008											660921			+

Page ___of___	Transaction	Authorization	Schedule	Pay Date

_____
Principal's Approval of expense reclassification

_____
Additional Approval
(if reclassification to another location's budget; or to fund other than 100)

For detailed instructions see Standard Practice Bulletin L-401

Form #3051 **Copy – Payroll** **Copy – School** **Copy - Substitute**
Rev. 1/02