

SAN JUAN ISLAND SCHOOL DISTRICT NO. 149

Substitute Employee Time Sheet

Employee _____ Signature _____ Month/Year _____

Date	Time In	Time Out	<u>Classified</u> # Hours To Be Paid * Deduct ½ Hr. Lunch	<u>Teachers</u> Note Full or Half Day	First and Last Name Person Subbed For	Specify Type of Other Work Performed / Additional Comments
1						
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31						

Supervisor Signature _____

* Please record the # of hours to be paid in decimal format - 0.25 (for 15 min.), 1.5 (for 1 hour and 30 min.)