Tri-County Educational Service Center
Substitute Timesheet

Name of Substitute _____

Please complete the following:

	AM			PM		Name of Person
Date	Time In	Time Out	Lunch	Time In	Time Out	You Subbed For

Substitute Signature _____

Date _____

Supervisor Signature _____

Date _____

Superintendent Signature _____

Date _____

Treasurer's Office Use

Hrs/Days	Rate of Pay	Total Due

Account Code

_____

Days _____ Weeks _____