ESTACADA SCHOOL DIST RICT
SUBSTITUTE TIMESHEET

_____ _____ _____
SUBSTITUTES NAME SUBSTITUTE EMPLOYEE NUMBER BUILDING

_____ _____ _____
DATE SUBSTITUTES SIGNATURE JOB NUMBER

( )Classified Position ( )Certificated Position

PAYDAY IS TWENTIETH OF THE MONTH. YOUR CHECK CAN BE DIRECT DEPOSITED, PICKED UP AT THE DISTRICT OFFICE BEFORE 2:00PM OR MAILED TO YOU.

I CERTIFY THAT I SUBSTITUTED ON THE FOLLOWING DAY(S) INDICATED BELOW:

	DATE	HOURS WORKED	NAME OF ABSENT EMPLOYEE	KEY #	ID TAG #
MONDAY	_____	_____	_____	____	_____
TUESDAY	_____	_____	_____	____	_____
WEDNESDAY	_____	_____	_____	____	_____
THURSDAY	_____	_____	_____	____	_____
FRIDAY	_____	_____	_____	____	_____

ADMINISTRATORS USE ONLY

AN ABSENT REQUEST FORM RELATED TO THIS ABSENCE HAS BEEN COMPLETED BY THE EMPLOYEE(S) AND APPROVED BY THE ADMINISTRATOR. ( ) YES ( ) NO

_____ _____
ADMINISTRATORÕS SIGNATURE DATE

THIS SUBSTITUTE WILL BE SUBSTITUTING OVER 10 DAYS SAME ASSIGNMENT ( ) YES ( ) NO

WHITE COPYé é PAYROLL
YELLOW COPYé BUILDING
PINK COPYé é ..SUBSTITUTE