

**Certificated**

- Outside Substitute Teacher
- In House Substitute Teacher
- Hourly Certificated (Standard Rate)
- Hourly Certificated (Individual Rate)



**Classified**

- Classified Substitute
- Classified Employee
- Comp Time Requested

**Time Sheet**

Please print clearly or use as fillable form ~ Thank You

**Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Pay Period Ending:** \_\_\_\_\_

Date:	Time in (am):	Time out:	Time in (pm):	Time Out:	Total Hours/ # of periods	Reason/Discription	Sub'd For:

All time is paid time unless otherwise noted. Please report all time through the 20th of the current month. Timesheet is due to the district office on the 21st of the current month for payment on the 10th of the following

Employee's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
 District Approval: \_\_\_\_\_ Budget Varified: \_\_\_\_\_ Employee ID \_\_\_\_\_

Pay Type	Hours	Hrly Rate	OT Rate	D-OT Rate	Total	Account Coding

Please see reverse for how to fill out time sheet



## **Instructions for Completing Time Sheet**

(If at all possible please use the fillable PDF form to document your time)

### **Employee/Substitute Responsibilities:**

- Check the appropriate box at the top of the page for the job classification
  - **Classified Staff: If you wish to have COMP TIME for your hours please check the comp time box at the top of the page.**
- Your Name
- Site
- Supervisor
- Period Ending
- Date
- Time In & Time Out (Classified Substitutes: Please “clock out” for your lunch break and back in for the afternoon if applicable)
- Reason or description (**Substitutes: The site secretary will fill this information in for you based employee absence**)
- Person you are subbing for
- Employee Signature

### **Secretary Responsibilities:**

- Please make sure the form is complete before it is sent to the district office.
- Reason substitute is needed (COVID, personal time off, illness, workers comp, professional development etc.) This is needed for budgeting purposes. Please use AESOP as a reference.
- Have supervisor sign the form
- Place form in inter-district mail

### **Supervisor Responsibilities:**

- Please verify all information is accurate
- Please sign and return to the district

### **Employee Responsibilities:**

#### **Classified:**

- Hours Worked
- If you are requesting comp time please check the comp time box- Your supervisor must initial and approve any comp time requested.
- **Please report all time to the nearest quarter hour**  
(ie 15min= .25hours, 30min= .50, 45min=.75)

#### **Certificated:**

- Hours to be paid at standard rate
  - Please indicate the portion of time which was outside of your contract time and is to be paid at the standard hourly rate
- Hours to be paid at Individual rate
  - Please indicate the portion of time which was outside of your contract time and is to be paid at your individual hourly rate.