CLASSIFIED SUBSTITUTE TIME SHEET

MONTH_____

LAST NAME:_____ FIRST NAME:_____ SOCIAL SECURITY #:_____.

(PLEASE PRINT) (PLEASE PRINT)

DATE	SITE	3 DIGIT SITE #	TIME IN	TIME OUT	LENGTH OF LUNCH	TOTAL # OF HOURS WORKED	REPLACING WHOM? (Indicate name of absent employee or nature of special project)	ASSIGNMENT* (Must Be Completed By Site)	SITE INITIALS

1/17/19

DTT Subs: Please provide a copy of this time sheet weekly to Gina Segura in the Special Eduction office.