Franklin Pierce Schools

CLASSIFIED SUBSTITUTE TIMESHEET

Name Key:	Department/School:			
Substitute Name: Please Print				
	r icase i iiii			
DATE WORKED	NAME OF PERSON REPLACED & REASON FOR ABSENCE	HOURS WORKED	SUB PAY RATE	BUDGET CODE WILL BE ASSIGNED BY BUDGET ADMINISTRATOR
	TOTAL HOURS			
Cut-off date for substitute is the 10th of each month. Time sheets must be received in the payroll office by noon the next business day.				
Substitute Signature				Date
Supervisor/Budget Administrator Signature Date				

Goldenrod/ Orange