Franklin Pierce Schools

CLASSIFIED SUBSTITUTE TIMESHEET

Name Name Key: _____ **Department/School:** _____

Substitute Name: _____

Please Print

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_____