SUBSTITUTE TIME RECORD
Toppenish School District

NAME: _____ _____ / _____
(please print name)   Employee's Signature   Date

For Office Use Only

Hours _____ x Rate _____ = $_____

Hours _____ x Rate _____ = $_____

Hours _____ x Rate _____ = $_____

TOTAL HOURS = _____   TOTAL PAID$_____

DATE OF SERVICE (MO/DAY/YR)	HOURS (i.e. 2 or 2.25)	TIME PERIOD (i.e. 2:30 pm-4:30 pm)	SUBBED FOR: INDICATE NAME OF EMPLOYEE (Please Print)	REASON FOR SUB (i.e. sick leave, Reading First Conference)	INDICATE ACCOUNT NUMBER FOR SPECIFIC FUNDING ONLY

Notes:

_____ _____ / _____
                                   Principal/Supervisor's Signature   Date

_____ _____ / _____

Save, copy, or print before you send to payroll   Program Administrator's Signature   Date

Revised 7/13/05