SUBSTITUTE TIME RECORD Toppenish School District

NAME:	/places	rint name)		01	/
	(please p	rint name)	Employee's	Signature	Date
For Offic	e Use Or	•	ro y Dete	_ ¢	
		noui	rs x Rate	= ⊅	
		Hou	rs x Rate	= \$	
		Hou	rs x Rate	= \$	
	тс	OTAL HOURS =	ТОТА	L PAID\$	
					-
DATE OF SERVICE (MO/DAY/YR)	(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:		I			1
			Principal	/Supervisor's Signa	ature Date
Save, copy.	or print bet	fore you send to pa	avroll	Administrator's Sig	/ gnature Date

Revised 7/13/05