

Substitute Timesheet

Calloway County Schools

Name _____

Emp # _____

						For Office Use Only		
Date	Time In	Time Out	Total Hrs	Name of Person Absent	Position	Org. Code	Rate	Signature of Substitute

Total Hours	Position Codes				Principal/Supervisor Signature
	T-Teacher BD-Bus Driver	S-Secretary C-Custodian	IA-Instructional Aide FS-Food Service	M-Monitor O-Other	