



**PASCO SCHOOL DISTRICT NO. 1**  
**Certificated Substitute Teacher Time Sheet**



*The secretary should send this original timesheet to the Sub Caller in Human Resources and give the substitute a copy.  
 Use **Black** or **Blue** ink only. Please print inside the boxes.*

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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Subfinder ID#

Month    Day    Year

1st day of the week of service

□	□	-	□	□	-	□	□	□	□
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<i><b>FOR OFFICE USE ONLY</b></i>						* Which Extra Period you subbed?	Authorized Signature
Job Number	Date of Service	School	Employee you substituted for (please print)	Budget Code	Day (.5 or 1)		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
					<i>Total</i>		


*\*An extra period equals a loss of planning, if eligible.*

**Certification:** I hereby certify under penalty that I have performed the work on the dates listed above and am entitled to payment for same.

\_\_\_\_\_  
 SUBSTITUTE SIGNATURE

63783