

TIMECARD

ASSOCIATE TEACHER – Substitute

NAME: _____

WEEK OF: _____ TO _____

SITE: _____ REGION: _____

- A 1 - Substitute attending training
- C - Teacher being subbed for is . . .
- T 2 - • . . . going to be in training
- I 3 - • . . . off because of illness
- V 4 - • . . . taking time off
- I 5 - Other
- T 6 - _____
- Y 7 - _____

** Remember: note hours in activity (numbered) columns.*

DAY	DATE	IN	OUT	IN	OUT	*	*	*	*	*	1	2	3	4	5	6	7	TOTAL	
Sunday																			
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			
Total																			
						*	*	*	*	*	1	2	3	4	5	6	7		

To the best of my knowledge I certify that this timecard is accurate and complete. I understand that false information on this timecard is reason for dismissal.

Employee: _____

Supervisor: _____