

TIMECARD

CLASSROOM AIDE – Substitute

NAME: _____

WEEK OF: _____ TO _____

SITE: _____ REGION: _____

- A 1 - Classroom
- C 2 - Meal Service
- T 3 - Documentation
- I 4 - Other
- V 5 - _____
- I 6 - _____
- T 7 - _____
- Y

** 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: _____