

**BEND-LA PINE PUBLIC SCHOOLS
SUBSTITUTE PAYROLL TIME RECORD**

Monthly Pay Period:

FROM: _____ **TO:** _____

DIRECTIONS: Complete sections for LEGAL name, Employee ID Number, school or department. Indicate employee type, Classified or Licensed. List the date, what work you performed, who you substituted for, and the hours you worked.

Printed Legal Name _____

Employee ID Number: _____

School or Department _____

____ Classified SUB ____ Licensed SUB

DATE	DAY	Position Subbed For	Who You Subbed For	No. of Hours	Week Total	Account Number
						FUND/FUNC/LOC/AREA/OBJ X XXXX XX XXX XXXX
	MON					
	TUE					
	WED					
	THR					
	FRI					
	SAT					
	SUN					
	MON					
	TUE					
	WED					
	THR					
	FRI					
	SAT					
	SUN					
	MON					
	TUE					
	WED					
	THR					
	FRI					
	SAT					
	SUN					
	MON					
	TUE					
	WED					
	THR					
	FRI					
	SAT					
	SUN					

Employee Signature _____

Date _____

School/Department Authorized Signature _____

Date _____

- Distribution: 1. Original - Payroll
2. Yellow - School or Dept.

FOR OFFICE USE ONLY:	Rate	Hours	Days