

SUPPORT SUBSTITUTE TIME SHEETS
PLEASE USE BLACK INK

EMPLOYEE: _____ EMPLOYEE #: _____ SCHOOL: _____

PAY PERIOD: _____ JOB TITLE: _____

WEEK 1 DATE	ON	OFF	ON	OFF	TOTAL HOURS	Working for:	MUNIS Code:
M- / /							
T- / /							
W- / /							
T- / /							
F- / /							
TOTAL HOURS FOR WEEK 1							

WEEK 2 DATE	ON	OFF	ON	OFF	TOTAL HOURS	Working for:	MUNIS Code:
M- / /							
T- / /							
W- / /							
T- / /							
F- / /							
TOTAL HOURS FOR WEEK 2							

*******PLEASE PUT DATES THAT YOU SUBSTITUTE*******

*******PLEASE TOTAL HOURS ACROSS & DOWN FOR EACH WEEK YOU SUBSTITUTE*******

Employee Signature: _____

Supervisor Signature: _____