PR-8-07

WENATCHEE SCHOOL DIST #246

CLASSIFIED SUBSTITUTE TIME SHEET

_____

SUBSTITUTE NAME (*Please Print*)

_____ _____ MONTH_____YEAR_____

SUBSTITUTE SIGNATURE Date

Date	Name of absent employee	Location	Total # of Hours	**PAYROLL USE ONLY**

Payroll Use Only

Total Hrs_____ Total _____

It is the responsibility of each classified substitute to obtain a copy of P-8-05 on the 1st of the month that they substitute and record all time worked. The work month runs from the 1st of the month through the last working day of the month. Payment will be made the last working day of the following month and mailed to your home. ***To be paid for this time, this form must be received by payroll no later than sixty (60) days following completion of the time worked. All work completed in May and June must be turned in no later than July 10th.***

Please submit the time sheet to the Payroll Office on the last day of the month.

TIME SHEETS NOT RECEIVED BY THE 5TH OF THE MONTH WILL BE HELD UNTIL THE FOLLOWING MONTH.