

**Winston County Schools Substitute/Contract Timesheet**

NAME \_\_\_\_\_

LOCATION/SCHOOL \_\_\_\_\_

Month / Year Feb-16

		SUBSTITUTE				List the name of employee you substituted for	SECONDARY DUTY		SECONDARY DUTY		Hour Total for Day	Hour Total for Week	
Date	Day	Time In	Lunch Time Out	Lunch Time In	Time Out		JOB TYPE	Time In	Time Out	JOB TYPE			Time In
1	M												
2	T												
3	W												
4	TH												
5	F												
6	S												
7	S												
8	M												
9	T												
10	W												
11	TH												
12	F												
13	S												
14	S												
15	M	TEACHER INSERVICE											
16	T												
17	W												
18	TH												
19	F												
20	S												
21	S												
22	M												
23	T												
24	W												
25	TH												
26	F												
27	S												
28	S												
29	M												
											<b>TOTAL HOURS</b>		

I certify that the above dates and times are a true and accurate record of my attendance at work for the indicated pay period.

**\* Hours worked over 30 must be approved in advance by the Superintendent**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Supervisor Signature

