


Winston County Schools Substitute/Contract Timesheet

NAME _____

LOCATION/SCHOOL _____

Month / Year Nov-15

		SUBSTITUTE				List the name of <u>employee you substituted for</u>	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 _____				
1	S													
2	M													
3	T													
4	W													
5	TH													
6	F													
7	S													
8	S													
9	M													
10	T													
11	W	VETERANS DAY - NO SCHOOL												
12	TH													
13	F													
14	S													
15	S													
16	M													
17	T													
18	W													
19	TH													
20	F													
21	S													
22	S													
23	M	THANKSGIVING BREAK												
24	T													
25	W													
26	TH													
27	F													
28	S													
29	S													
30	S													

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

