

SUBSTITUTE TIME SHEET
CLAY COUNTY SCHOOLS

NAME _____ POSITION _____

PAY PERIOD:
FROM _____ TO _____, _____

SUBSTITUTE EMPLOYEES ARE PAID ON THE 10TH AND 20TH

MONTH	DAY	HRS WKD	WORKED FOR	SUPERVISOR INITIALS	CHECK IF 1/7TH RATE OR BUS AIDE RUN	
						DAYS WORKED _____
						OS DAYS _____
						HOLIDAYS _____
						SNOW DAYS _____
						TOTAL DAYS TO BE PAID _____
						EMPLOYEE SIGNATURE _____
						EMPLOYEE ID NUMBER _____
						SUPERVISOR SIGNATURE _____

**TIME SHEETS NEED TO BE TURNED IN TO THE BOARD OFFICE
ON THE LAST WORKING DAY OF EACH PAY PERIOD**