

WINDHAM SCHOOL DISTRICT

7.31-1
(07-15-91)

CHECK ONE: Substitute Teacher Contract Instructor Part-Time Employee

NAME _____

CLASS/TITLE _____

UNIT _____

FOR MONTH OF _____, 20__

Day of Month	Time In		Time Out		Time Worked		FOR SUBSTITUTE TEACHERS ONLY Area Sub.** Sub. For***	
	Hours	Min	Hours	Min	Hours	Min		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

TOTAL HOURS WORKED _____

I certify that the above record reflects a true and accurate accounting of my time for the pay period indicated.

Signature of Employee

Signature of Principal

*This form shall be completed on a monthly basis for all Windham School District Employees or contracted personnel. SUBSTITUTE TEACHER TIMESHEETS SHOULD BE SUBMITTED TO THE WINDHAM PERSONNEL OFFICE MONTHLY; ALL CONTRACTED PERSONNEL TIMESHEETS SHOULD BE SUBMITTED TO THE REGIONAL ADMINISTRATOR'S OFFICE BY THE 15TH OF EACH MONTH.

** Area substituting in - i.e. Academic, Vocational, Special Education, Chapter I.

*** Name of employee substituting for, or vacant position.