OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT

SUBSTITUTE AND EXTRA HOURS TIMESHEET

TO BE COMPLETED FOR HOURS WORKED AS SUBSTITUTE AND FOR EXTRA HOURS WORKED IN ADDITION TO REGULAR ASSIGNMENT (except for Food Service and Custodial Staff)

_____ **ADMINISTRATOR'S SIGNATURE**_____
EMPLOYEE'S NAME

_____ **EMPLOYEE'S SIGNATURE**_____
SCHOOL

_____ **PLEASE TURN THIS TIMESHEET INTO THE SCHOOL OFFICE NO LATER THAN THE LAST DAY OF THE PAY PERIOD.**
POSITION (Specify aide, secretary, etc.)

_____
PAY PERIOD END DATE

Day	Date	TIME WORKED (e.g. 8:00-12:30)	TOTAL HOURS WORKED (e.g. 4.5)	NAME OF EMPLOYEE NEEDING SUBSTITUTE OR PURPOSE OF EXTRA HOURS	ACCOUNT NUMBER
MON					
TUES					
WED					
THURS					
FRI					
MON					
TUES					
WED					
THURS					
FRI					
TOTAL HOURS					

FOR BUSINESS OFFICE USE ONLY

_____ x _____ = _____
Hours **Rate**

_____ x_____= _____
Hours **Rate**

_____ TOTAL