

# GJUESD CLASSIFIED SUBSTITUTE TIME RECORD

PERIOD ENDING \_\_\_\_\_

*copy on goldenrod*

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ABSENCE CODE:

LOCATION: \_\_\_\_\_

1 - Pers Ill/Med Appt

5 MIN = 0.08      15 MIN = 0.25      25 MIN = 0.42      35 MIN = 0.58      45 MIN = 0.75      55 MIN = 0.92  
 10 MIN = 0.17      20 MIN = 0.33      30 MIN = 0.50      40 MIN = 0.67      50 MIN = 0.83

**PLEASE FILL IN ALL APPROPRIATE BLANKS. TIMESHEETS ARE DUE IN THE DISTRICT OFFICE BY THE 21ST OF EACH MONTH  
AND ARE PAID ON THE 10TH OF THE FOLLOWING MONTH.**

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	OFFICE USE TOTALS	AESOP JOB #	WHO ARE YOU SUBBING FOR
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

\*\*\*\*\*PLEASE BE SURE TO SIGN YOUR TIMESHEET\*\*\*\*\*

(NOT NEEDED IF CALLED BY AESOP)

EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR'S APPROVAL: \_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY:

CODING: \_\_\_\_\_

CODING: \_\_\_\_\_

CODING: \_\_\_\_\_

CODING: \_\_\_\_\_

CODING: \_\_\_\_\_

CODING: \_\_\_\_\_

HOURS: \_\_\_\_\_

HRLY RATE: \_\_\_\_\_

TOTAL: \_\_\_\_\_