

NO-PAY

~Sick Leave Accrual In Lieu of Pay~

This timesheet is to be used **only** for certificated employees who substitute **in lieu of pay** to accrual sick leave. This report must be submitted to the Payroll Department on the last day of the month worked. Each day worked requires initials of the principal.

Pay Period Ending: _____ 31, 20_____ Social Security No. _____

Must be completed or form will be returned

Name (Print): _____ Signature: _____

DATE	Start TIME	SCHOOL	SUBSTITUTED FOR: TEACHERS NAME	PROGRAM: REGULAR/SPEC ED	ENDING TIME	TOTAL HOURS	PRINCIPAL'S INITIALS
1							
2							
3							
4							
5							
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28							
29							
30							
31							

PAYROLL DEPARTMENT USE ONLY

Total Hours	Date Entered in System