

SUBSTITUTES ONLY - TIME SHEET/RECORD OF HOURS WORKED

YOUR NAME: _____

SCHOOL NAME: _____

DATE WORKED: _____

WORKING IN GRADE: _____

STAFF NAME YOU ARE SUBBING FOR: _____

****IMPORTANT NOTE:** PLEASE MAKE SURE TO COMPLETE ALL OF THE ABOVE LINES OR YOUR TIME SHEET WILL BE RETURNED TO YOU AS UNABLE TO PROCESS WHICH WILL SLOW YOUR PAYROLL DOWN**

FAX YOUR COMPLETED TIME SHEET TO (410) 777-8657 **FROM THE SCHOOL OFFICE** ON FRIDAY OR THE LAST DAY WORKED EACH WEEK.

DO NOT USE PENCIL OR GEL PEN AS IT WILL NOT TRANSMIT. Use a blue or black ink pen only when completing this document

DAY	Start Work	Unpaid Lunch / Break (to be subtracted from total) Time out - Time back	End Work	Total
Mon		-		
Tues		-		
Wed		-		
Thurs		-		
Fri		-		
TOTAL HOURS WORKED IN THE WEEK:				
Time for lunch / break is unpaid and should not be included in the Total hours Worked				

WE CERTIFY THESE HOURS WERE WORKED AS SHOWN. SIGN ONLY AFTER TOTALLED.

EMPLOYEE SIGNATURE:

SCHOOL SIGNATURE:

Please complete this timesheet and fax it on the last day you work each week. You must fax it from school to either 1-866-855-9438 OR 410-777-8657. Timesheets may be sent anytime during the school day on Friday (or last work day of the week) as long as it is complete with name, dates and signatures. Blank timesheets may be printed from our website: socialserviceconsultants.com or you may wish to make copies of this blank timesheet for future use. Kindly do not enlarge or alter this timesheet or use your smart phone to scan.

Please do not use white out on timesheet or it will have to be returned to the school for verification.

If you have questions or problems with faxing, please call 410-313-9181.