

**Meeker and Wright Special Education Cooperative #938
Substitute Employee Time sheet**

| Substitute Employee Name: | | | | | | | Employee # | | |
|--|-----|---------|---------|----------|---------------------------|----------|--------------|--------|----------|
| Address: | | | | | | | | | |
| Worked as (check one): <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Teacher | | | | | | | | | |
| Date Worked | For | Program | Time In | Time Out | Time In | Time Out | Hours Worked | Amount | Comments |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| File Folder # | | TRA# | | | | | Total | \$ | |
| Check Type of Leave: <input type="checkbox"/> Sick <input type="checkbox"/> Personal <input type="checkbox"/> Family Emergency <input type="checkbox"/> Professional | | | | | | | | | |
| I declare under the penalties of law that this claim is just and correct and that no part of it has been paid. | | | | | | | | | |
| Employee Signature _____ | | | | | Date _____ | | | | |
| Teacher Approved _____ | | | | | Supervisor Approved _____ | | | | |
| Rev 7/13 | | | | | | | | | |