HILLSBORO CITY SCHOOLS

SUBSTITUTE CLASSIFIED TIME SHEET

(print on yellow paper)

Please complete and turn in at the end of the day

NAME: _____ **BLDG:**_____

SUBSTITUTE POSITION: _____ **(Aide, Clerical, Cook, Custodian)**

DATE	TIME A.M.		TIME P.M.	WHO DID YOU SUB FOR?	# HOURS
	(You are required to record your actual lunch break)				
MM/DD/YYYY	00:00 - 00:00	(LUNCH)	00:00 - 00:00	SAMPLE WITH LUNCH BREAK	# HOURS EACH DAY

TOTAL HOURS _____

_____

SUBSTITUTE SIGNATURE

_____

PRINCIPAL/SUPERVISOR SIGNATURE

Updated 11/5/15