

**SCHOOL DISTRICT OF PHILLIPS**  
***SUBSTITUTE EMPLOYEE TIME SHEET***

Name of Employee \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date	Name of Employee Substituting For:	Time of Beginning & Ending Work/M meal Periods						Total Hours	FOR OFFICE USE ONLY	
		From	To	From	To	From	To		Rate	Code

Substitute Signature
Principal/Supervisor Signature