

**CAYUGA-ONONDAGA BOCES
SPECIAL ED SUBSTITUTE TEACHER AIDE
TIME SHEET**

Date Filed _____

Name of Substitute _____

Employee Substituted For _____

Date Substituted _____
Month Day Year

Period of employment (substitutes are paid on an hourly basis)

Time Started _____ Time Completed _____

A-703-4990- 169 SUB T. AIDE

Signature of Substitute _____

Signature of Special Ed Director/Classroom Representative _____

**PLEASE RETURN THIS FORM TO
DEPARTMENT OF SPECIAL EDUCATION
CAYUGA-ONONDAGA BOCES**