

**CAYUGA-ONONDAGA BOCES
SUBSTITUTE TEACHER
TIME SHEET**

Employee's Name: _____ Date: _____

DATE MONTH/DAY	M,T,W, TH,F	TIME IN	TIME OUT	TOTAL HRS WORKED	SUBSTITUTED FOR
/31					
/01					
/02					
/03					
/04					
/05					
/06					
/07					
/08					
/09					
/10					
/11					
/12					
/13					
/14					
/15					

SCHOOL BUILDING: _____ TOTAL HRS WORKED THIS PAY PERIOD: _____

Employee's Signature: _____ Date: ____/____/____

Approval of Supervisor: _____ Date: ____/____/____

- Program Budget Code (Check one)
- A-101-3990-159 (CTE)
 - A-418-5873-159 (Compass)
 - A-430-5916-159 (High School Equivalency)

Remember every pay day is the day you turn in your time card.

**CAYUGA-ONONDAGA BOCES
SUBSTITUTE TEACHER
TIME SHEET**

Employee's Name: _____ Date: _____

DATE MONTH/DAY	M,T,W, TH,F	TIME IN	TIME OUT	TOTAL HRS WORKED	SUBSTITUTED FOR
/16					
/17					
/18					
/19					
/20					
/21					
/22					
/23					
/24					
/25					
/26					
/27					
/28					
/29					
/30					

SCHOOL BUILDING: _____ TOTAL HRS WORKED THIS PAY PERIOD: _____

Employee's Signature: _____ Date: ____/____/____

Approval of Supervisor: _____ Date: ____/____/____

- Program Budget Code (Check one)
- A-101-3990-159 (CTE)
 - A-418-5873-159 (Compass)
 - A-430-5916-159 (High School Equivalency)

Remember every pay day is the day you turn in your time card.