

**CAYUGA-ONONDAGA BOCES
SUBSTITUTE TIME SHEET**

Employee's Name: _____ Date: _____

DATE Month/Day	M,T,W, TH,F	TIME IN	LUNCH	TIME OUT	TOTAL HRS WORKED	SUBSTITUTED FOR
/31						
/1						
/2						
/3						
/4						
/5						
/6						
/7						
/8						
/9						
/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-101-3990-169 (Sub Clerk)

A-502-6310-169 (Sub MVO)

A-503-6313-169 (Sub Copy Service)

A-703-4990-169 (Sub Reg Nurse)

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

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SUBSTITUTE TIME SHEET**

Employee's Name: _____ Date: _____

DATE Month/Day	M,T,W,T H,F	TIME IN	LUNCH	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: _____

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