

Name: \_\_\_\_\_

Pay Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

School Worked In: \_\_\_\_\_ Position Subbing For: \_\_\_\_\_  
Parapro Secretary Media Cafeteria

Date	Day	Report Times		Hours Worked	Name of Parapro\Employee you are substituting for
		In	Out		
	Thur				
	Fri				
	Mon				
	Tue				
	Wed				
	Thur				
	Fri				
	Mon				
	Tue				
	Wed				
Total Hours=					Please total hours worked.

Employee Signature: \_\_\_\_\_

Date Submitting Timesheet: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Entire timesheet must be filled in.