

NORTH MAC CUSD #34

SUBSTITUTE TIME SHEET FOR LICENSED STAFF

SUBSTITUTE NAME _____

MONTH _____

* Please "X" for the time worked each day (Full Day, 1/2 AM, or 1/2 PM)

Date	Staff Name	School	Full Day	1/2 AM	1/2 PM
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Signature _____

Date _____

PLEASE TURN IN TO OFFICE AT THE END OF EVERY MONTH