

**BRAZOS SCHOOL FOR INQUIRY AND CREATIVITY
SUBSTITUTE TIME SHEET
TEACHER/TUTOR/SUMMER SCHOOL TIME SHEET**

Name of Substitute/Teacher/Tutor: _____

Date	Substituting for Or Other Reason	Position Teacher/Aide/Clerical Food Service	START TIME	END TIME	TOTAL HOURS	OR WHOLE DAY	Signature of Administrator

- TIME SHEET MUST HAVE SUBSTITUTE’S SIGNATURE
- SUBSTITUTES ARE RESPONSIBLE FOR TIME SHEETS
- SUBSTITUTES ARE RESPONSIBLE FOR TURNING IN TIME SHEETS IF NOT TURNED IN BY CUT OFF DATE (THE 15TH OF THE MONTH), CHECKS ARE SUBJECT TO BE AVAILABLE UNTIL THE NEXT PAY PERIOD.

OFFICE USE ONLY	
DAILY/HOURLY RATE	_____
TOTAL DAYS/HOURS PAYABLE	_____
TOTAL DUE	_____

Signature: _____