



# Marysville Exempted Village School District Substitute Timesheet



Name (printed) \_\_\_\_\_

SSN \_\_\_\_\_  
(last 4 required)

CLASSIFIED \_\_\_\_\_

CERTIFIED (Teaching Sub) \_\_\_\_\_

*(Times)*

Date Worked	Building	Position	Absent Employee	Start	End	Start	End	Total Hours/Days	Authorized Signature
Sun / /									
Mon / /									
Tue / /									
Wed / /									
Thu / /									
Fri / /									
Sat / /									

Sun / /									
Mon / /									
Tue / /									
Wed / /									
Thu / /									
Fri / /									
Sat / /									

***I understand it is my responsibility to turn this form in to the Treasurer's office immediately following the end of the pay period.  
Failure to do so will result in delayed payment. (Payroll schedule is posted on the website under Payroll forms.)***

Substitute Signature: \_\_\_\_\_

Total Hours \_\_\_\_\_ Date \_\_\_\_\_

(Classified Sub)

Total Days \_\_\_\_\_

(Certified Sub)

**COPIES**

WHITE: Treasurer/Payroll      YELLOW: Substitute