

# SUBSTITUTE TIME SHEET

## Louisville Public Schools

407 East Main St.  
 Louisville, OH 44641  
 330-875-9687 Fax 330-875-7603

BILL TO: Name: _____ Address: _____ _____
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Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ CLASSIFIED: \_\_\_\_\_ CERTIFIED: \_\_\_\_\_

Date	Substitute For/Job Description	Prof Day	Time In	Time Out	Total Hours Worked	Day
<b>PAY PERIOD TOTALS:</b>			XXXXXXXX			

*I hereby certify that I have substituted for the above employees on the date(s) specified and that I have on file in the Treasurer's Office the proper retirement form and tax forms.*

Total Hours: \_\_\_\_\_ X Hourly Rate: \_\_\_\_\_ = \_\_\_\_\_ (Pay Amount)

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Code: \_\_\_\_\_