TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

SUBSTITUTE TIME SHEET

NAME: _____ **POSITION:** _____

This timesheet must be completed in full and submitted to the treasurer's office by noon Friday.

	HOURS WORKED						
Date	From	To	Total	District Building	Program	Person Subbed for	Supervisor Initials

TOTAL HOURS: _____

_____ _____
Substitute Signature *Date*

_____ _____
Supervisor/Director Signature *Date*

Office Use Only : _____ Service Days _____ Weeks OBES

_____Hrs./ Days x _____ Rate = _____ Code ( )
_____Hrs./ Days x _____ Rate = _____ Code ( )
_____Hrs./ Days x _____ Rate = _____ Code ( )

Revised: 7/01, 1/14/03