



SUPPORT STAFF - WEEKLY SUBSTITUTE TIMESHEET

10/18/19

Substitute Name: _____

Month / Year: _____

Address: _____

Phone Number: _____

☐ Change of Address

QUESTIONS?
Contact the
Payroll Department
at (608) 526-1317

Date MM/DD/YY	SUBSTITUTE HOURS			Position Code	ENTER NAME OF PERSON SUBBING FOR (REQUIRED)	OFFICE USE ONLY							
	Start	Lunch	End			Hours	Rate	Account					
				SUS					E				
									E				
									E				
									E				
									E				
									E				
									E				
									E				
									E				
									E				



Substitute Signature: (REQUIRED)

Date:

Admin/Supervisory Signature: (REQUIRED)

Date:

Timesheet Totals	Code	Hours	Rate	Account									
					E								
					E								
					E								

Timesheets must be submitted to the Business Office WEEKLY.

Unsigned or incomplete forms may result in delay of processing or payment.

Are you a NEW Substitute? Stop by the District Office to complete a New Hire Packet in order to process your paycheck!