



EVERETT PUBLIC SCHOOLS
FOOD NUTRITION SERVICES
CLASSIFIED SUBSTITUTE TIMESHEET

Please Print & Use Ink

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EMPLOYEE ID # LAST NAME FIRST NAME INITIAL SCHOOL
(Required)

Information Concerning Absent Employee:

Date	Hours Worked	Name	Reason Absent	PP	ACT	LOC	RESP	OBJ	INITIALS
				98	44		7600	4325	
				98	44		7600	4325	
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				98	44		7600	4325	
				98	44		7600	4325	

Substitute's salary is charged to the same account code as the absent employee, except for the object code which is determined below, and the authorization code which is that of the person authorizing this time sheet.

3_5 Substitute for a person who is absent for: Adoption of Child, Assoc. Leave, Industrial Injury, Bereavement, Birth of Child, Child Care, Emergency Family Illness, Jury Duty, Military, Political Sabbatical, Sick

3_6 Substitute for a person who is absent for: Workshop, In-service Travel

Hours	Account Code		Rate	Amount
	9844	7600-4325	\$12.85	
	9844	7600-4325	\$12.85	
	9844	7600-4325	\$12.85	
	9844	7600-4325	\$12.85	
	9844	7600-4325	\$12.85	
	9844	7600-4325	\$12.85	
	9844	7600-4325	\$12.85	

TOTAL: \$ _____

Payment of Substitute Salary above is hereby authorized:

Employee Signature

Program Manager Signature Date