Each employee is responsible for turning in their own approved timesheet to the payroll department by the due date, in order to receive pay for work performed.

## Internal Sub Timesheet

Please make copies on WHITE paper

			2024-2025	Work Dat	es: From:		To:	
				Pay Date:				
LEGAL NAME:								
ADDRESS:				Account	;#:			
JOB TITLE:								
PHONE #:				Princip	als/Adminis	trators: Plea	se indicate account	
EMPLOYEE ID NO:	-						oon approval.	
	Please do not writ	te # of minute	s worked. Please round to the neare inutes = .25 hours; 30 minutes = .5 h					
Building	Position (TA,TCH,SEC)	Work Performed: Internal Sub for who and if split.** PLEASE BE SPECIFIC **			PECIFIC **	DATE	NUMBER OF HOURS	
•								
							- 1 - 1 - 1	
Total Amount To Be Paid:			Pay Rate:		Total Amount Hours Worked:			
Internal Sub Certified Staff: \$35					Internal Sub Non-Certified Staff: \$20 or your hourly rate WHICHEVER IS HIGHER			
Supervisor Signature:			ı					
Administration Appro	val Signature:							