

BATH COUNTY SCHOOLS

Substitute Employee Time Sheet

NAME: _____

SOC. SEC. NO.: _____

Payroll Use Only	
MUNIS #:	_____
Account No.:	_____

Pay Period: _____ thru _____

School: _____

Date	Employee Replacing	1 Day	1/2 Day	Reason	Daily \ Hourly Rate	Amount Due
TOTALS						

REASON CODES

S	Sick
DS	Donated Sick Leave
EL	Emergency
J	Jury
LWOP	Leave Without Pay
P	Personal Leave
PL	Professional Leave
PD	State Professional Dev. Funds

Signature Date

Immediate Supervisor Approval Date

Superintendent Date