

Classified Substitute Time Card

Employee Name (Print): _____

Employee ID# _____ Phone Number: _____

Weekly Hours Worked From Monday (Date): _____ Thru Friday (Date): _____

Please write legibly. Do not scratch out or write over. All sections must be filled out completely. Please submit at the end of every week worked.

This form must be submitted to the Substitute Office at the end of every week. **Preferred method – email: subtimecard@usd259.net.**
 Secondary method: fax the form to (316) 973-4648 or drop it off in the Human Resource Office (903 S. Edgemoor).
This form must be presented for authorized signature at the end of every day worked. If in the same assignment for the entire week only one signature is required.
Please make sure the form is filled out completely and all information is clearly printed.

Must check length of lunch. If you did not take a lunch for half day assignments please check the "no lunch" box.

Date	Assignment Site	Confirmation Number	Absent Employee or vacancy	Time In	Time Out	No Lunch	.5 HR	40 Minute	1.0 HR	Authorized Site Signature

I hereby certify that the above statement of hours worked for this pay period is true and correct to the best of my knowledge and that I have included all hours worked for this week.

Employee Signature: _____ Date: _____