

**WINDHAM SCHOOL DISTRICT**

7.31-1  
(07-15-91)

CHECK ONE:  Substitute Teacher    Contract Instructor    Part-Time Employee

NAME \_\_\_\_\_

CLASS/TITLE \_\_\_\_\_

UNIT \_\_\_\_\_

FOR MONTH OF \_\_\_\_\_, 20\_\_\_\_

Day of Month	Time In		Time Out		Time Worked		<b>FOR SUBSTITUTE TEACHERS ONLY</b>  Area Sub.** Sub. For***	
	Hours	Min	Hours	Min	Hours	Min		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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24								
25								
26								
27								
28								
29								
30								
31								

**TOTAL HOURS WORKED** \_\_\_\_\_

I certify that the above record reflects a true and accurate accounting of my time for the pay period indicated.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Principal

\*This form shall be completed on a monthly basis for all Windham School District Employees or contracted personnel. SUBSTITUTE TEACHER TIMESHEETS SHOULD BE SUBMITTED TO THE WINDHAM PERSONNEL OFFICE MONTHLY; ALL CONTRACTED PERSONNEL TIMESHEETS SHOULD BE SUBMITTED TO THE REGIONAL ADMINISTRATOR'S OFFICE BY THE 15TH OF EACH MONTH.

\*\* Area substituting in - i.e. Academic, Vocational, Special Education, Chapter I.

\*\*\* Name of employee substituting for, or vacant position.