TORNILLO INDEPENDENT SCHOOL DISTRICT

BUS DRIVING SUBSTITUTE TIME SHEET

*Please PRINT. Use ink only.

NAME: _____ **CAMPUS:** _____

SS#: _____ **Pay Period:** _____ to _____

DATE	SIGNATURE OF SUBSTITUTE	NAME OF EMPLOYEE SUBSTITUTING FOR (PRINT)	TIME IN	TIME OUT	TOTAL

_____ _____ Total # Days _____

Signature of Manager Date

Fund Number: 199-34-6122-00-934-299000 *(Transp Para Sub)*

FOR OFFICE USE ONLY

_____ Hrs X $ 12.21 / hr = $_____

COPY ON BLUE PAPER

R 08/11