TORNILLO INDEPENDENT SCHOOL DISTRICT

SUBSTITUTE TEACHER / STAFF TIME SHEET

*Please PRINT. Use ink only.

NAME: _____ **CAMPUS:** _____

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

DATE	SIGNATURE OF SUBSTITUTE	NAME OF TEACHER SUBSTITUTING FOR (PRINT)	REASON OF ABSENCE	FULL OR HALF DAY	

_____ _____ _____

Signature of Principal Date Total # Days

FOR OFFICE USE ONLY

Fund Number **NUMBER OF DAYS X RATE**

199-11-6112-00- -211000= $ _____ *(Instr. Sub)*

199-11-6112-00- -211010= $ _____ *(Instr. TAKS Sub)* _____ Days X $_____ / day = $_____

199-11-6112-00- -211011= $ _____ *(Instr. Ath Sub)*

199-11-6112-00- -211013= $ _____ *(Instr. ARD Sub)* _____ Days X $_____ / day = $_____

199-11-6112-00-042-228000 = $ _____ *(HOPE Sub)*

199-13-6112-00- -211000= $ _____ *(Instr. Staff Dev)* _____ Days X $_____ / day = $_____

199-23-6122-00- -211000= $ _____ *(Para Sub)*

199-23-6122-00- -211010= $ _____ *(Para TAKS Sub)*

_____ $ _____

_____ $ _____

R 08/11

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