

(SCHOOL DISTRICT)

Substitute Employee Payroll Voucher

NAME: _____

POSITION: _____

Name of Regular Employee: _____

Month: _____

Year: _____

	Date	From	To	From	To	Hours	Shift	Reason for Absence
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Mon.								
Tues.								
Wed.								
Thurs.								
Fri.								
Totals								

Principal: _____

Director: _____