

**FLOWING WELLS SCHOOL DISTRICT
SUBSTITUTE TEACHER TIME RECORD**

EMPLOYEE NAME _____

SCHOOL DEPARTMENT _____

ADDRESS _____ ZIP CODE _____

Check here if new address/Effective Date _____

EMPLOYEE ID # _____

PAY PERIOD ____/____/____ TO ____/____/____
(Inclusive)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours/ Days																															

Total number of days/hours worked _____ Rate \$ _____ Amount Earned \$ _____

Other Pay \$ _____

Total Amount Earned \$ _____

Signature of Employee

Approval by Work Supervisor

Job Number	Date	Work Performed	Teacher	Rate