

# FRANKLIN CITY SCHOOLS

## CLASSIFIED SUBSTITUTE TIME SHEET

\_\_\_\_\_  
Substitute Name (Printed)

\_\_\_\_\_  
Pay Date (filled out by Payroll)

\_\_\_\_\_  
Building or Department

\_\_\_\_\_  
Phone Number

Date	Sub Position	Employee Subbing For	Hours	Treasurer's Office	
				Pay Rate	Total Pay
<b>Totals</b>					

\_\_\_\_\_  
Substitute Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

*Submit to Treasurer's office for payment*