ARLINGTON Public Schools

To complete this form electronically, it must be opened in *Adobe Reader*!

Reset Form

Substitute Time Report

Month _____ Year _____

Building _____

Name _____

☐ Classified Staff ☐ Certificated Staff

Day of Month	Hours Worked	Sub Initials	Worked for	Reason	Account Code
Total					

I certify that the above is an accurate record of the time worked during the period.

Employee Signature _____ ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date _____

Supervisor Signature _____ ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date _____

RECAPITULATION - Please do not write in lines below.							
Account Code		Hours		@		Pay $	
Account Code		Hours		@		Pay $	
Account Code		Hours		@		Pay $	
Account Code		Hours		@		Pay $	

Total Hours _____ Total Pay _____

Revised 09/13; 11/13; 12/13