

# POSITIVE DIRECTIONS RED CLAY SCHOOL DISTRICT SUBSTITUTE TIME SHEET

School: **SCHOOL NAME HERE**

Name: **YOUR NAME HERE**

Substituting for: **NAME OF PERSON YOU ARE SUBBING FOR**

Day	Date	Time In	*Lunch Time Out	*Lunch Time In	Time Out	Total
EX.	8/20/2018	7:15	11:45	12:15	2:45	7

Mon.	8/20/2018	-	-	-	-	-
Tue.	8/21/2018	-	-	-	-	-
Wed.	8/22/2018	-	-	-	-	-
Thur.	8/23/2018	-	-	-	-	-
Fri.	8/24/2018	-	-	-	-	-

Mon.	8/27/2018	7:15	12:00	12:30	2:45	7
Tue.	8/28/2018	7:15	12:00	12:30	2:45	7
Wed.	8/29/2018	7:15	12:00	12:30	2:45	7
Thur.	8/30/2018	7:15	12:00	12:30	2:45	7
Fri.	8/31/2018	7:15	12:00	12:30	2:45	7

Grand Total 35

Principal or Other Designated Signature   **PRINCIPAL SIGNS HERE**  

Employee Signature   **YOU SIGN HERE**  \_\_\_\_\_