CLASSIFIED SUBSTITUTE TIME REPORT

Employee No.									
Substitute Name							Month	Year	•
Last			First Initial				=		
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Employee Substituted f	·	Pos	Las	*Abs	Date	Полия	PAYROLL US Account Number		
Employee Substituted f	or:	POS	Loc	Code	Date	nours	Account Number	Rate	Pay
						1			
						1			
						1			
								_	
								-	
							Total Hours		
							Total Gross \$		
EMPLOYEE SIGNA	ATHDI	F.							
I hereby certify that the hours list									
completed.									
SUPERVISOR SIGN	NATUI	RE							

*Reason for absence code: **B**-bereavement, **E**-emergency, **J**-jury duty, **O**-open position (<u>if open, please indicate position title</u>), **P**-personal, **R**-release, **S**-sick, **U**-unpaid, **V**-vacation

If the absence is "R", and another department is paying, include the budget code to be charged.