Almira School District

Substitute Teacher Timesheet

Name _____

Month _____ **Year** _____

Please list all days worked in the current month and send to the district office at the end of the month.

Date	**full or half day**	**Person substituted for**

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

Signature _____ Date _____

Supervisor_____ Date_____