Lincoln County School District

P.O. Box 118 Panaca NV 89042

Substitute Time Sheet

*Please fill out completely and submit to the district office immediately after the last day of the month.

Name:_____ Address:_____ Month/Year:_____

Fund	Date	# Hours Worked	Location	Substituted for	Description	School Confirmation
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
					☐ Classified ☐ Certified	
Total Hours Worked ⇨			I Certify this time sheet is correct and that services were rendered as stated.	Substitute Signature:		

For District Office use only.

Sub _____ X _____ = _____

COB _____ X _____ = _____

Food Service _____ X _____ = _____

Other _____ X _____ = _____

TOTAL:_____

District Signature:_____