

BARBOUR COUNTY SCHOOLS
Substitute / Absence Timesheet

Please Write Legibly.

Substitute Section

Circle Location: KEMS BES JES MVES PES VCES BMS PMS PBHS BUS

Substitute Name _____ Employee ID # _____

of Days Worked _____ * Hours Worked _____

*Service Personnel only — Please fill out hours worked on back if more than 1 day worked.

Date(s) Worked _____

Name of Absent Employee _____

Circle type of sub: Teacher Aide Cook Bus Driver Custodian Secretary

Signature of Substitute

Date

**REVERSE SIDE OF FORM MUST BE COMPLETED IN ORDER TO BE PAID
FOR TIME WORKED.**

Absent Employee Section

(to be completed by the school)

Absent Employee ID. # _____

of Days Absent _____

Circle reason for absence:

(Must be completed)

Sick **(PERS)**

Death of family member **(PERS)**

Other unpaid **(DOCK)**

No-Cause **(PP)**

Jury Duty **(JURY)**

Comments/family member _____

Professional Leave** **(PROF)**

Witness Leave _____

Family Illness **(PERS)**

Military Leave **(MIL)**

Extra Duty Bus Trip **(TRIP)**

Vacation **(VAC)**

**Indicate Funding Source for Substitute and Account Code _____

Special Billing Instructions _____

(i.e. RESA is to pay for substitute)

Signature of Principal or Supervisor

Date

BARBOUR COUNTY SCHOOLS
Substitute Timesheet - side 2

Please Print Legibly.

Name: _____

ID Number: _____

Day Of Week	DATE	Substitute Description (Example: Location/Person or Bus #)	START TIME	END TIME	Total Hours/DAYS Worked
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					
Total Hours Worked					

REQUEST FOR TRAVEL REIMBURSEMENT

Date	From	From	Purpose	Miles
Total Miles for Reimbursement				0.0

Budget Code: _____

\$ _____