

MONROE TOWNSHIP SCHOOL DISTRICT

PAYROLL TIMESHEET – PARA SUBSTITUTE/TOILETING

Print Name:	Employee #:
School:	Month/Year:

INDICATE CLASS, TIME IN/OUT, & TOTAL HOURS FOR EACH APPLICABLE DAY

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

Total Hours _____ **Rate \$2.50 = Total Amount** _____

I certify that the above is correct:

Employee's Signature

Date

Administrative Approval:

Principal/Date

Asst. Superintendent/Date