

Community Consolidated School District 54
INTERNAL SUB TIME SHEET
(For use when your planning time is lost)

This form is for use by certified, SEA-covered

employees only. It is to be used only when you lose your planning time when there is no substitute. We will not reimburse for emergency class-covering when a teacher is late due to weather, traffic, or family emergency, etc.

Name:	Employee ID#:
Base School:	Hourly Rate: \$48, 22-23; \$49, 23-24; \$50, 24-25, \$51, 25-26

DATE	TIME IN	TIME OUT	PERSON COVERD/ CLASS COVERED	* ACCOUNT # TO BE * DESIGNATED BY PRINCIPAL	MINUTES WORKED

--

Total Minutes

EMPLOYEE SIGNATURE EMPLOYEE SIGNATURE

--

DATE

--

PRINCIPAL APPROVAL

--

DATE

--