

NAME: \_\_\_\_\_

BUILDING: \_\_\_\_\_ OHS

**Oakridge School District 76  
SUBSTITUTE EMPLOYEE TIME SHEET  
or  
ADDITIONAL ASSIGNED WORK TIME SHEET**

*NOTE: In order for you to be paid, this time sheet must be returned to the building secretary on the 15th of the month.*

Name of Employee you are replacing <u>or</u> description of additional assigned work	Reason for leave	Date	Hours	How is expense being paid?
<b>TOTAL</b>				

SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Building Principal