

Norfolk Public Schools
Classified Substitute Time Sheet

Substitute Last Name: _____

First Name: _____

Building: _____

Month: _____ Year: 2____ - 2____

For Office Use Only:

Date	Person Absent	Position	Reason	Program to Charge	No. of Hours
				Total Hours	

Substitute Signature: _____

Administrator/Supervisor Signature: _____

Please send this form to the payroll office.