



BRUSHTON-MOIRA CENTRAL SCHOOL
 SUBSTITUTE AND EXTRA WORK TIME SHEET
SUPPORT STAFF

NAME: _____

Last 4 Digits of SS#
 HOURS X RATE = TOTAL

	MON	TUES	WED	THUR	FRI	
DATE Substitute for Bus Monitor 5510-180						____ X ____ = _____
DATE Substitute for Bus Garage Cleaner 5530-170						____ X ____ = _____
DATE Substitute for Cafeteria Worker C 2860-180						____ X ____ = _____
DATE Substitute for Security Monitor/School Monitor/Uncertified Teacher/Teaching Asst <input type="checkbox"/> 2110-169-00 <input type="checkbox"/> 2110140 <input type="checkbox"/> 2250170						____ X ____ = _____ ____ X ____ = _____ ____ X ____ = _____
DATE Substitute for Clerical <input type="checkbox"/> 2110-169-00 (K-12) <input type="checkbox"/> 2810-170-00 (Guid) <input type="checkbox"/> F-RDG8-2330-160-08 (Reading First)						____ X ____ = _____ ____ X ____ = _____
DATE Substitute for Teacher Aide <input type="checkbox"/> 2250-170-00 <input type="checkbox"/> 2110-169-00 <input type="checkbox"/> 2610-170-00 <input type="checkbox"/> 2110-169-00 (NU)						____ X ____ = _____ ____ X ____ = _____ ____ X ____ = _____
DATE Substitute for Nurse 2815-170						____ X ____ = _____
DATE Substitute for Attendance 2805-170						____ X ____ = _____

***Please be sure to specify DATE worked and the NAME

of the person you substituted for! Thank you!

GRAND TOTAL: \$ _____

Signature: _____ Date: _____

Approved by: _____ Date: _____