Barnet	Cabot CC	SU	_ Danvill	le Peacham	Twinfield	Walden	Waterford
Name of S	taff/Substitute						
Week # 1	Ending Date						
	Hours Work	ed	Hours I	Extra Hrs Substi	tute For:		
						LSB	Spec Ed
Monday							
Tuesday							
Wednesda	<u>y</u>						
Thursday	.,						
Friday	·						
		Week 1					<u>.</u>
Week # 2	Ending Date _						
		_			<u>_</u>		
	Hours Work	ed	Hours E	Extra Hrs Substi	tute For:		
			ı	, ,		LSB	Spec Ed
Monday	Monday						
	Tuesday						
Wednesda							
Thursday	Thursday						
Friday	Friday						
		Week 2		<u> </u>		<u></u>	_
-	IRS FOR PAY PI	_			HOURS WORKED		
Substitutes	need to list who	they sul	bbed for. I	tract need to be w If it is not filled in,			
ALL Timesh	eets need to be	filled out	t and totall	ed properly			