BELLEVUE CITY SCHOOL DISTRICT

CERTIFIED EMPLOYEE TIME SHEET-SIG GRANT

EMPLOYEE NAME_____

ID NUMBER (your initials + last four digits of your Social Security Number)_____

Position OISM Substitute Teacher **School _____**

DATE WORKED	ABSENT TEACHER	BEGINNING TIME	ENDING TIME	TOTAL TIME (hours)	ACCOUNT NUMBER (Payroll Office use only)
					516-1110-112-9018

_____ _____

Signature of Employee **Signature of Principal/Supervisor**

----------DO NOT WRITE BELOW THIS LINE----------
(Payroll Office use only)

TOTAL NUMBER OF DAYS/HOURS _____

RATE OF PAY x $_____

TOTAL PAY = $_____

(Revised 10/3/07)