

Please be sure all information is completed and page totaled .
 If information is missing, Time Sheet will be returned. This could delay payment.

School Nurse / LPN Substitute

2018-2019

NAME: _____

NAME OF EMPLOYEE FOR
WHOM YOU SUBBED.

Employee #: _____

Building: _____

CHECK ONE

Emergency Permitted School Nurse Substitute _____

\$90 A DAY

Field Trip RN _____ \$90 a day or \$12 hour

LPN Nurse Assistant _____ \$10.00 Hourly

Day		IN	OUT	Total Time
	Date	AM	PM	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
PLEASE TOTAL				

Employee signature

Date

Supervisor's signature

Date

*The timesheet MUST be verified by attaching a copy of the SAMS report showing the certified .
 nurse's absence and by being signed by the building principal*

PAYROLL DATE _____