

Philipsburg-Osceola Area School District

Employee #	Employee Name	Building	hourly \$10

LPN Nurse Assistant Sub

Day of Week	Date	Start Time	End Time	PE	OME	MS	SH	TOTAL
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

TOTAL HOURS	

	SH-00001893 MS-00001892
Employee Signature _____ Date _____	PE-00001891 OME-00001889
Supervisor Signature _____ Date _____	Payroll Date _____