

# Philipsburg-Osceola Area School District

<b>Employee #</b>	<b>Employee Name</b>	<b>Building</b>	<b>per day \$90</b>

## RN School Nurse Substitute

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

Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

	<b>TOTAL HOURS</b>

**Field Trip RN \$90 day or \$12 an hour.**

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