West Linn – Wilsonville School District Classified & Substitute Time Card

Name:							Employee #						
Work Period From							To:						
					Date					D	ate		_
Substituting For (Subs Only)							FOR PAYROLL USE ONLY						
							XT	'RA	OT	RATE	ACC	OUNT#	
Building Position I verify that all leave entered in iVisions is correct and													
in the be the j	case of a final auti	iny discrep hority. I al	pancies, th so unders , it may re	e iVision tand that	s entry wil if more le	l ave							
Employee's Signature													
Approved By													
Principal/ Supervisor's Signature							V		S		P	J	
Principal/ Supervisor's Signature							B Unpaid Other						
		Date Si	gned										
S – Sic J – Jur * <i>Time</i>	cards ar	e due to y	our super	e Withou nool Busi visor at th	nt Pay Iness Ines Ine	P – Per B – Ber your sh	rsonal reaver hift or	or Em ment n the p	ergency ayroll cu	M I - ut-off date	I – Mate – In ser . <i>A pay</i>	ernity $V - Va$ vice $H - Ha$ roll cut-off calendar is	oliday
West L	inn-Wilsonville website. SUN MON TUE WED THUR				FRI		SAT	TOTALS			Explanation for: OT/Comp, Extra, Etc		
	WEEK BEGINNING:								REG	XTRA	O.T		
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