West Linn – Wilsonville School District

SECRETARY & INSTRUCTIONAL ASSISTANT

SUBSTITUTE TIME CARD

Legal Name:_____ Employee # (or SSN last 4):_____

Building:_____

Work Period From_____ To:_____
Date Date

_____
Substitute's Signature Date

Approved By

_____
Principal/Supervisor's Signature

_____
Date Signed

FOR PAYROLL USE ONLY

HOURS	RATE	ACCOUNT #

Date	Hours Worked	Employee you are subbing for (First & Last Name)	FOR PAYROLL USE ONLY Account Code