

# LONG-TERM SUBSTITUTE TIMESHEET

OLATHE DISTRICT SCHOOLS • OLATHE, KANSAS

Substitute Name: (please print) \_\_\_\_\_

6-Digit Employee ID Number \_\_\_\_\_

Work Location: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

For the pay period of: \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

**INSTRUCTIONS:** All long-term substitutes should use this form to keep track of dates worked during their long-term assignment. The form should be signed by a supervisor or secretary who can confirm days worked. **After the form is filled out and signed, it should be returned to Terrie Hamilton, Substitute Services Specialist at the Education Center.**

Week 1 (please check those that apply)

(Please add dates.)	½ DAY – AM	½ DAY – PM	FULL DAY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Week 2

(Please add dates.)	½ DAY – AM	½ DAY – PM	FULL DAY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Week 3

(Please add dates.)	½ DAY – AM	½ DAY – PM	FULL DAY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

\_\_\_\_\_  
Substitute Signature

\_\_\_\_\_  
Administrator or Secretary Signature

**RETURN COMPLETED FORM TO TERRIE HAMILTON, ED CENTER**