# CLAYMONT CITY SCHOOLS
## SUBSTITUTE NON- TEACHER'S TIME SLIP

Name _____    SSN _____

Address _____

| DATE | SUBSTITUTING FOR | START | STOP | START | STOP | TOTAL HOURS |
|------|------------------|-------|------|-------|------|-------------|
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |

TOTAL HOURS [        ]

Employee's Signature _____

Approval of Principal _____

**(FOR OFFICE USE ONLY)**
**Total Days** _____ **X Rate of Pay** _____ **=** _____ **Total Due**

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## SUBSTITUTE NON- TEACHER'S TIME SLIP

Name _____    SSN _____

Address _____

| DATE | SUBSTITUTING FOR | START | STOP | START | STOP | TOTAL HOURS |
|------|------------------|-------|------|-------|------|-------------|
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |
|      |                  |       |      |       |      |             |

TOTAL HOURS [        ]

Employee's Signature _____

Approval of Principal _____

**(FOR OFFICE USE ONLY)**
**Total Days** _____ **X Rate of Pay** _____ **=** _____ **Total Due**