



Gresham-Barlow School District 10 Jt.
 1331 NW Eastman Parkway, Gresham, OR 97030
 Payroll: 503-618-2465 / 503-618-2468

CLASSIFIED Substitute Time Report

Name _____ PEID# 9 _____ Month/Year _____
 Address _____ City _____ Zip _____ Phone _____

****Please Report All Time In Actual Hours****

Month	Day	Hrs	School	Person Replacing	Position - Circle One	Account No.	Approval
	1				Cust. EA SP EA Sec.		
	2				Cust. EA SP EA Sec.		
	3				Cust. EA SP EA Sec.		
	4				Cust. EA SP EA Sec.		
	5				Cust. EA SP EA Sec.		
	6				Cust. EA SP EA Sec.		
	7				Cust. EA SP EA Sec.		
	8				Cust. EA SP EA Sec.		
	9				Cust. EA SP EA Sec.		
	10				Cust. EA SP EA Sec.		
	11				Cust. EA SP EA Sec.		
	12				Cust. EA SP EA Sec.		
	13				Cust. EA SP EA Sec.		
	14				Cust. EA SP EA Sec.		
	15				Cust. EA SP EA Sec.		
	16				Cust. EA SP EA Sec.		
	17				Cust. EA SP EA Sec.		
	18				Cust. EA SP EA Sec.		
	19				Cust. EA SP EA Sec.		
	20				Cust. EA SP EA Sec.		
	21				Cust. EA SP EA Sec.		
	22				Cust. EA SP EA Sec.		
	23				Cust. EA SP EA Sec.		
	24				Cust. EA SP EA Sec.		
	25				Cust. EA SP EA Sec.		
	26				Cust. EA SP EA Sec.		
	27				Cust. EA SP EA Sec.		
	28				Cust. EA SP EA Sec.		
	29				Cust. EA SP EA Sec.		
	30				Cust. EA SP EA Sec.		
	31				Cust. EA SP EA Sec.		

Report to be filled out by employee, turned in to office upon arrival at school, picked up before leaving to take to next assignment. **RETURN TO PAYROLL BY THE 1ST DAY OF THE FOLLOWING MONTH OR LEAVE AT LAST BUILDING WORKED.**

Employee Signature _____ Date _____
 Blue Copy-Payroll; Yellow Copy-Employee