

# CUSTODIAL SUBSTITUTE TIMESHEET

2024-2025

NAME\_\_\_\_\_

ID # \_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY, STATE, ZIP\_\_\_\_\_

POSITION

CUSTODIAL

CODE

1

RATE

\$19.62

DATE	BUILDING	ABSENTEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL # HOURS	RATE OF PAY	CODE	AUTHORIZED SIGNATURE

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