NUTRITION SERVICES SUBSTITUTE TIMESHEET 2024-2025

NAME		
ID #		
ADDRESS		
CITY, STATE, ZIP		
POSITION	CODE	RATE
NUTRITION SERVICES ASSISTANT	1	\$17.09

Substitute Signature_____

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

TIMESHEETS ARE DUE BY THE 3RD OF THE MONTH. LATE TIMESHEETS WILL BE HELD UNTIL THE FOLLOWING MONTH.