# SUBSTITUTE EMPLOYEE TIME SHEET

EMPLOYEE NUMBER: _____

NAME: _____

PHONE NUMBER: _____

NEWBERG SCHOOL DISTRICT
714 E SIXTH STREET
NEWBERG, OR 97132
PAYROLL OFFICE 503-554-5008

NEWBERG
PUBLIC SCHOOLS
INSPIRE. INNOVATE. SUCCEED.

**CLASSIFIED** ☐ ☐ **LICENSED**

| DATE | NAME OF ABSENT EMPLOYEE | SCHOOL | POSITION | HOURS | RATE | BUDGET UNIT | ACCOUNT | APPROVAL |
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| | | | **TOTAL** | | | | | |

**I certify this information is a true report of time worked:**

_____ SUBSTITUTE SIGNATURE

_____ DATE