

2023-2024

WILTON-LYNDEBOROUGH COOPERATIVE SCHOOL DISTRICT
BIWEEKLY RECORD OF TIME (substitute or over contract hours)

SUBSTITUTE'S NAME: _____ **SCHOOL:** _____

Even though you get paid by the day you must put the time in and time out for each day.

WEEK #1		HOURS		HOURS		TOTAL	SUBSTITUTE FOR TEACHER'S NAME:
<u>Date</u>	<u>Day</u>	<u>In</u>	<u>Out</u>	<u>In</u>	<u>Out</u>	<u>DAYS</u>	
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						

WEEK #2		HOURS		HOURS		TOTAL	SUBSTITUTE FOR TEACHER'S NAME:
<u>Date</u>	<u>Day</u>	<u>In</u>	<u>Out</u>	<u>In</u>	<u>Out</u>	<u>DAYS</u>	
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						

TOTAL DAYS PER PAY PERIOD	
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Substitute Signature: _____

Date _____

Supervisor Signature: _____

Date _____

Employee's and supervisor's signature signifies that this is a true and accurate record of hours worked during the pay periods referenced above