PAY VOUCHER FOR CLASSIFIED STAFF SUBSTITUTES

Name of Substitute: Janet Adams

Address: _____

School: CIS For Period From _____ to _____ inc.

Date	Hours* From	To	Total	School	Name of Absentee
5-9-16	7:30 4:00	10:00 5:00	3.5	CIS	Jeanette
5-10-16	7:30 4:00	10:00 5:00	3.5		
5-11	7:30 4:00	10:00 5:15	3.75		
5-12	7:30 4:00	10:00 5:15	3.75		
5-13	7:30 4:00	10:00 5:15	3.75		
5-16	7:30 4:00	10:00 5:15	3.75		
5-17	7:30 4:00	10:00 5:00	3.5		
5-18	7:30 4:00	10:00 5:15	3.75		
5-19	7:30 4:00	10:00 5:00	3.5		
5-20	7:30 4:00	10:00 5:30	4		
5-23	7:30 4:00	10:00 5:15	3.75		
5-24	7:30 4:00	10:00 6:30	5.		
5-25	7:30 4:00	10:00 7:00	5.5		
5-26	7:30 4:00	10:00 6:00	4.5		

*Note: Please list the total hours worked – DO NOT INCLUDE THE HOURS FOR LUNCH.

Certified by: (Administrator's Name)

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