Last Name			First Name				Employee ID#				
		Print	-		Print			YELLOW	YELLO	W YEI	LOW
		SUBSTITUTE Payroll Time Sheet					Month		Year		
		Lane Education Service D	District				School	/Location:			
Month:					Month:						
DATE	HOURS	Sub For: (first & last name)	School/ Location:	Licensed - L or Classified - C	DATE	HOURS		Sub For: (first & last name))	School/ Location:	Licensed - L or Classified - C
					TOTAL	0.00					

	For ESD Use Only	I hereby certify that this is a true and correct report of the time I have worked during the dates indicated.					
Licensed Hours:	Classified Hours:	Employee Signature:					
Acct#:	Acct #:						
		Verification Signature:					