

Pennsylvania Conference of Seventh-day Adventists

720 Museum Road, Reading, PA 19611

SUBSTITUTE & HOURLY TIME SHEET

DUE DATE: THE 16TH OF EACH MONTH**

EMPLOYEE NAME				16th		to		15, 20__	
				This Employee is Funded by:					
				Position Title:					
D A Y	START TIME	END TIME	L U N C H	Start Time	End Time	Regular Hours + Holiday Hours or Substitution Day	Paid Leave/ Extended Sick Hours	Misc Expenses /Comments <i>(Substituted For)</i>	
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTALS									

**Remember, this is a time sensitive report. Mail or Email IMMEDIATELY!!!

*Scan or Fax copies of receipts.

	Payroll Department Only	Code	Amount
Employee Signature	Regular + Holiday Hours	10/10100	
	Overtime Hours	11/10101	
	Paid Leave Hours	12&13/10110	
	Extended Sick Hours	14/10106	
Supervisor Signature	Salary	20/10000	
	Special Mileage	29/11200	
	Advance	50/33000	
Treasury Department Signature	Bill the Local Entity	%	
	Conference Pays	%	
	Hourly Rate Per Hour	\$	
	Substitute Rate	\$	
EMPLOYEE'S ID #			