

Rule Independent School District

Substitute Teacher Timesheet

Substitute Name: _____

Substituting for (teacher): _____

Duration (check one): _____ $\frac{1}{2}$ Day _____ Full Day

Date(s) substituting:

From: _____ To: _____

Total Days Worked: _____

Substitute Signature _____ Date _____

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____