

# DOUGHERTY COUNTY SCHOOL SYSTEM DAILY SUBSTITUTE PAYROLL SIGN-IN SHEET

\*\*ONE SUB PER SHEET, PER DAY\*\*

\*\*PLEASE DO NOT ADJUST THIS FORM\*\*

**\*\*INFORMATION MUST BE LOADED IN AESOP BY PAYROLL CUTOFF DATE\*\***

<b>LOCATION:</b>
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<b>DATE:</b>	<b>EMP. ID #:</b>	<b>SUBSTITUTE NAME:</b>	<b>SSN:</b>
Sign In			
Sign Out			
Sign In			
Sign Out			

<b>ABSENT EMPLOYEE NAME:</b>	<b>EMP. ID #:</b>	<b>REASON FOR ABSENCE:</b>
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( ✓ ) Please Check The Box That Indicate What Kind Of Class Substitute Worked For:							
	<b>LT Teacher</b>		<b>Regular Teacher</b>		<b>Custodian</b>		<b>Child Nutrition</b>
	<b>LT Para</b>		<b>Regular Para</b>		<b>Secretary</b>		<b>Extended Day Site Coor? Y N</b>

( ✓ ) Please Check Sub For A:					
	<b>Vocational Class</b>		<b>Oak Tree</b>		<b>Phoenix (SWGA Regional Achievement Center)</b>
	<b>Pre-K</b>		<b>PE Class</b>		<b>Gifted Education</b>
	<b>ESP</b>		<b>Kindergarten</b>		<b>Bus Driver</b>
	<b>Other (Specify)</b>				

Units Worked Per Day: (Check One)			
<b>.25</b> 2 hours	<b>.50</b> 4 hours	<b>.75</b> 6 hours	<b>1.00</b> 8 hours

NOTE: For Child Nutrition 6 hours = 1.00 Unit  
For Para 7.5 hours = 1.00 Unit  
For Bus Drivers 3 hours = 1.00 Unit

CHARGE TO ACCOUNT NUMBER:

\_\_\_\_\_  
PRINCIPAL/SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SEND COMPLETED FORM TO THE PAYROLL OFFICE**