



Bloom-Carroll Local School District
APPLICATION FOR PAY
SUBSTITUTE EMPLOYEE TIME SHEET

Return completed form to the Payroll Office by the 1st and 15th of each month. Contact Caprice Dicken at 614-834-6704 with any questions.

Name	
Address	
Telephone	Email

PLEASE CHECK ALL THAT APPLY:

- | | | | |
|---------------|-------------------|----------------|----------------|
| SUB COOK | SUB CUSTODIAN | SUB BUS DRIVER | SUB VAN DRIVER |
| SUB SECRETARY | SUB LUNCH MONITOR | SUB AIDE | |
| OTHER | Describe | | |
-

DATE (MM/DD/YYYY)	START TIME	END TIME	TOTAL HOURS (enter as decimal, not fraction)	EXPLANATION
TOTAL HOURS FOR PAY PERIOD				

Employee Signature	Date
Supervisor Signature	Date