



Bloom-Carroll Local School District

APPLICATION FOR PAY
SUBSTITUTE EMPLOYEE TIME SHEET

Return completed form (signed by your supervisor) to the Payroll Office by the 1st and 15th of each month.
Contact Cheryl Haile at 740-756-9728 or cheryl.haile@bloomcarroll.org 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	EXPLANATION (Who are you subbing for)
TOTAL HOURS FOR PAY PERIOD				← Please calculate your hours

Employee Signature	Date	Supervisor Signature	Date
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