

KING WILLIAM COUNTY PUBLIC SCHOOLS TIME SHEET B

Please place an X in the appropriate box:

- Bus Aide
 Car Driver Regular or Substitute
 ERIP*
 Bus Driver Substitute
 Long-Term Substitute (Classified & Non-Classified)
 Nurse Substitute

Employee Name: _____

DATE	SCHOOL (If Applicable)	Name of Absent Employee	Full Day (✓)	Half Day AM (✓)	Half Day PM (✓)
TOTAL DAYS					

***ERIP Reminder:** Participants must fulfill their minimum “days” requirement prior to submitting a time sheet for payment of services rendered.

All timesheets must be submitted to the payroll clerk by the 15th of each month. Time sheets received after the 15th will be processed the following month.

Employee Signature: _____ Date: _____

I certify that the above is true and accurate to the best of my knowledge.

Supervisor Signature: _____ Date: _____