WILLIAMSON COUNTY SCHOOLS
SUBSTITUTE PAY FOR TEACHERS
WEEKLY PAYROLL RECORD

NAME: _____ **EMPLOYEE #**_____

SCHOOL: _____

Dates Worked	Class Time Covered	Employee Worked For

***All data should be completed in order for payment to be processed. Please fill out weekly.**

_____ _____
Employee Signature **Date**

Budget Account: 141-71100-519500-000-00-00-00

Principal: _____ **Date:** _____

(_____Times@ _____16.00 Per Class = $_____)

08/2015