SUBSTITUTE TIME CLOCK PLUS RECONCILIATION

The Following form is used to correct pay for any substitute employee who has missed/incorrectly/unable to put time into Time Clock Plus (TCP).
By filling out and submitting this document both parties recognize the below information as being correct and reflecting hours worked by the substitute employee.

First Name:	Middle Initial:	Last Name:

Employee Number:	School of Assignment:
Date of Assignment:	**Confirmation Number of Assignment:**

Type of Assignment	Full Day ☐	Half Day (AM/PM ☐

NOTE: Approval authority needs to come from the Principal or an Assistant Principal. This form is not valid until signed by a designated authority figure. Once the form is complete please email it directly to the Payroll Specialist, Easter Christopher easter.christopher@wcs.edu

Approval Authority Name (printed):_____

Approval Authority Signature_____ Date: _____

UPDATED: 4/30/24