

WELLINGTON EXEMPTED VILLAGE SCHOOL DISTRICT

MOD PAY TIME SHEET

NAME: _____

BUILDING: _____

PAY PERIOD

From: _____ To: _____

DATE	SUBSTITUTING FOR: or check →	CLASSROOM IMPACT OF ADD'L STUDENTS	Period (Grades 7-12)	Minutes (Grades K-6)
(MM/DD/YY)	(Teacher's Name)	()	(# of Periods)	(1/4 hour increments)
Totals:				

For Payroll Use Only: Acct No:	TOTAL PERIODS/MINUTES WORKED:
	RATE:
	TOTAL AMOUNT TO BE PAID:

Employee's Signature

Principal's Signature Date