

*Gananda Central School District  
1500 Dayspring Ridge  
Walworth, NY 14568*

# Substitute

(One form must be completed for each day worked)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Certified:  No  Yes Certification in \_\_\_\_\_

Date	Substitute for	Building	Start Time*	End Time*	Hours Worked

\* Start Time and End Time are necessary for the Affordable Care Act purposes.

Total Hours Worked: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

For Payroll Department Use: Rate of Pay \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Initials: \_\_\_\_\_