

NAVARRO INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE PAY SHEET
 (CUSTODIAL AND FOOD SERVICE)

This form is due **EVERY MONDAY** for the prior week.

Name: _____

Employee Number _____

(Not Social Security #)

Date(s)	Hours	Purpose

Employee Signature

Date

Principal / Supervisor Signature

Date

<i>For Office Use Only</i>			
			\$
			\$
			\$
			\$
			\$