



Substitute Teacher Timesheet/Invoice

Date Submitted: _____

To: SOS Personnel
 100 McMullen Ave.
 #1022
 New Castle, DE 19720

Substitute Teacher's Name:

Job

Payment Terms

Due Date

	Substitute Teaching	Due on receipt	Not To Exceed 1 week from Receipt
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Date of Service	School/Campus	Was this a Full or Half day?	Was this teacher on time? (Y/N)	School Personnel Print Name	School Personnel Signature
Mon:					
Tue:					
Wed:					
Thurs:					
Fri:					

School Personnel:

Is this guest teacher welcomed to return to your school for future assignments? Yes / No.

I hereby certify that the hours shown hereon were worked by me during the week ending on _____ and were certified by an authorized representative of the school.

Please return this sheet for payment at the **END** of the work week. It may be faxed or emailed.

Fax to: 1-888-398-5774

Email to: timesheets@sossubs.org

 (Substitute Teacher Signature)