

**CIRCLEVILLE CITY SCHOOL DISTRICT**

388 Clark Drive • Circleville, Ohio 43113 • 740-474-5090

**LONG TERM SUB:** \_\_\_\_\_

Check if you are on a long term sub assignment

EMPLOYEE: \_\_\_\_\_  
(Print Name)

EMPLOYEE EMAIL ADDRESS \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_  
(Signature)

**\*\*\*MUST HAVE E-MAIL ADDRESS ON FILE IN PAYROLL OFFICE IN ORDER TO RECEIVE DIRECT DEPOSIT NOTICE\*\*\***

DATE	START TIME	END TIME	TOTAL TIME	REASON	BUILDING ADMINISTRATOR SIGNATURE
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
		<b>Total Hours Worked</b>			

\_\_\_\_\_  
Administrator/Supervisor Signature

\_\_\_\_\_  
Date

Payroll Office Use Only:	# of Hours/Days	Rate of Pay	Total Due

**\*\* Salary Code:** \_\_\_\_\_ - \_\_\_\_\_ - X-X-X- \_\_\_\_\_  
(Fund) (Function) (Obj) (Spec. Cost Cntr)