

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SUBSTITUTE TEACHER DAILY ATTENDANCE SHEET & EXPENSE TRANSFER

Substitute Teacher: _____
 Last Name First M. Social Security

School: _____ Loc. #: _____

_____ Substituted for: _____ Teacher # _____
 Substitute's Signature

Remarks _____

Sub Search Job #					
Dates Substituted					
Hours Worked					

Complete Bottom of form only for reclassification of substitute expenditures

											FOR PAYROLL USE ONLY			
	Fund	Function	Location	T	U	Activity	Hours	Pay	End	Date	Job Class	Earn Type	Gross Amount	+/-
ET-008	100	5901			0	00000					660921			-
ET-008											660921			+
ET-008											660921			+
ET-008											660921			+

Page	Transaction	Authorization	Schedule	Pay Date
___ of ___				

 Principal's Approval of expense reclassification

 Additional Approval
 (if reclassification to another location's budget; or to fund other than 100)

For detailed instructions see Standard Practice Bulletin L-401