

**Jordan School District
Lunch Substitute AESOP Worksheet**

Name _____
 Address _____
 City and Zip _____

Telephone _____
 Month _____

| | |
|--|-------------------------------|
| PLEASE SEND THIS FORM TO NUTRITION SERVICES | DO NOT SEND TO PAYROLL |
|--|-------------------------------|

| Date | School/Loc Where Worked | Time In | Time Out | Total Hours Worked (minus lunch) | |
|--------------------|-------------------------|---------|----------|----------------------------------|-----------------------|
| | | | | | Pay Per Hour Sub Rate |
| | | | | | \$9.65 |
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| | | | | | |
| | | | | | |
| | | | | Total | Amount |
| Total Hours | | | | | |

DO NOT SEND TO PAYROLL

Employee Signature

Approved (School Lunch Manager)

Signature verifies that total hours match AESOP