



**Wild Rose Public Schools**  
**Substitute Teacher Timesheet**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Month/Year

\_\_\_\_\_  
of  
Page

Regular FTE Assignment per day*	Day	AM FTE (0.00)	PM FTE (0.00)	Total FTE per day*	Staff Member Replaced	Substitute Teacher Signature	Notes
<b>Total FTE Days</b>					<b>** Total FTE for one day cannot exceed 1.00</b>		

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\* For **part-time teachers**, please enter the regular FTE assignment for each day **and** the FTE assignment as a substitute for each day.

These timesheets must be in Division Office **on the last teaching day of the month.**  
Forms may be faxed to 403-845-4287 with originals to follow by school courier.