

**UNION COUNTY EDUCATIONAL SERVICES COMMISSION  
INVOICE FOR SUB WORK AND EXTRA SERVICE WORK**

**Appendix E**

<b>Employee Name</b>	<b>Home Address:</b>
<b>School</b>	<b>Position:</b>

**Month:** \_\_\_\_\_

Date	Hours worked subbing	Subbing for:	Extra Coverage	Reason	Approval
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

**Total Sub Time:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**Account to charge:** \_\_\_\_\_

**Total Extra Coverage:** \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

**Account to charge:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_