

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

**Appendix J**

Employee Name	Home Address:
School	Position:

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: \_\_\_\_\_