

FULLERTON SCHOOL DISTRICT
SUBSTITUTE TEACHER TIMESHEET

PAYROLL DEPARTMENT

PAID



PAYROLL USE ONLY

NAME (PLEASE PRINT YOUR PAYROLL NAME)

1A 2A 3A 4A 5A 6A 7A 8A 9A 10A 11A 12A

PAY PERIOD (CIRCLE ONE)

EMPLOYEE ID NUMBER				SCHOOL OFFICE MANAGER USE ONLY				
DATE	BEGINNING TIME ENDING TIME	SCHOOL LOCATION	TEACHER	BUDGET PROGRAM NUMBER (REQUIRED)	NAME OF WORKSHOP OR CONFERENCE	1)* ABSENCE CODE	2)** SUB TYPE	PRINCIPAL'S SIGNATURE

DATE: _____

EMPLOYEE SIGNATURE: _____

- 1)* Absence Codes: B (Bereavement); C (Conference); I (Illness); JD (Jury Duty); PAW (Personal Absence with Pay); PAWO (Personal Absence Without Pay); PS (Teacher Pays Sub); W (Workshop); WC (Workers Comp)
- 2)** School Secretary: Please indicate if Full Day (1), Half Day (1/2) and Long Term (LT).

NOTE: IT IS THE EMPLOYEE'S RESPONSIBILITY TO FILE THIS TIMESHEET WITH THE PAYROLL DEPARTMENT ON THE APPROPRIATE DATE. FAILURE TO DO SO WILL DELAY YOUR PAY. MAKE A COPY FOR YOUR RECORDS.

(REV. 09/00)