



1	Classified	<input type="checkbox"/>	PCA#	2
	Certificated	<input type="checkbox"/>		

3	*If Resource is <u>Not</u> 0000, then <u>Must</u> have District Program Director's Signature									
	**Funding Resource(s):									
	Code:									
	%	**Fund	*Resource	Year	Goal	Function	Object	School	Management	Unit

#	4	5	6	7	8
#	School/Dept.	Job#	Substitute For <u>and</u> Position Worked	Date (mm/dd/yy)	Time Worked Hours/Sections
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

**Submit to Payroll Services No Later than the 10<sup>th</sup> of the Month**

9	<b>This Section for Regular Employees Only</b>		Select Method to Compensate Additional Hours/Overtime.	
<input type="checkbox"/>	Comp Time	<input type="checkbox"/>	Payment	Time will be automatically <u>PAID</u> if nothing is marked.

*I certify, by my signature below, that this is a true and correct record of my time worked.*

10 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_  
 Employee Principal of School/Head of Department \*District Program Director

Printed Name (First MI Last) Date (mm/dd/yy) Printed Name (First MI Last) Date (mm/dd/yy) Printed Name (First MI Last) Date (mm/dd/yy)

11 \_\_\_\_\_  
 Last 4 of Social Security Number or Escape ID#