

Name _____

Location _____ Position _____



Month _____ Year _____

Date	Library 0100.22	Play/Xing 0100.25	Basic Ed 0100.27	Spec Ed 2100.27	Title I 5100.27	LAP 5500.27	Secretary 0100.23	Other Program	Total Hours	Subbed For and Reason
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
									Subtotal Hours	

Month _____ Year _____

Date	Library 0100.22	Play/Xing 0100.25	Basic Ed 0100.27	Spec Ed 2100.27	Title I 5100.27	LAP 5500.27	Secretary 0100.23	Other Program	Total Hours	Subbed For and Reason
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
									Subtotal Hours	

Subtotal Hours

Grand Total Hours

Comments _____

I certify under penalty of perjury that this is a true and correct claim

Employee Print Name

Employee Signature

For Supervisors Only

Acct Code _____

Supervisor Signature

Director Signature (if applicable)

Payroll Use Only	Paycode	Account Code	Rate	Hours	Gross	Retire Month
	_____	_____	\$ _____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____
	_____	_____	\$ _____	_____	_____	_____
TOTALS				_____	_____	_____