

CERTIFICATION OF TIME

PAYROLL FORM

Name of Employee _____ Employee Number _____

- WORK ASSIGNMENT:** *Please check (✓) all that apply:*
 Professional Development
 Extended School Services
 Home Hospital
 Home Instruction (Expelled Students)
- SUBSTITUTE:**
 Teacher
 Instructional Assistant
 Athletic Coach
 Academic Coach
 Other
- Secretary
 Bus Driver Assistant
 Custodian

DATE	START TIME AM PM (Circle One)	ENDING TIME AM PM (Circle One)	CLASSIFIED NUMBER OF HOURS WORKED CERTIFIED NUMBER OF DAYS WORKED	ALL SUBSTITUTES: LIST LAST NAME FOR WHOM SUBBING AND SCHOOL FOR EACH DAY COACHING PARAPROFESSIONALS: LIST SPORT	SUBSTITUTES ONLY: PRINCIPAL/ DESIGNEE MUST INITIAL EACH DAY	ORG CODE	OBJECT CODE	PROJECT CODE	PAY RATE

Total Hours Worked (hourly pay rate for position) _____ Total Days Worked (Substitute Teacher) _____ Coaching Duties Completed: _____

Sept. 15 _____
 Dec. 15 _____
 Mar. 15 _____
 May 15 _____

Employee Signature _____ Program Supervisor _____

**** Coaches: Timesheets are due by the 1st day of the month in which they are to be paid****