1936 Carlotta Dr., Wing B
Concord, CA 94519
(925) 682-8000, ext. 4201

SUBSTITUTE ADMINISTRATOR'S TIME REPORT

(For Use by Retired Administrators returning to work)

Employee ID # ____________________
Required on all timesheets (found on Check/Direct Deposit Advice)

Pay Period Ending ____________________
(MM/DD/YY)

Name (Last) ____________ (First) ____________ (Middle Initial) ____________

(PLEASE PRINT ALL INFORMATION)

Payroll period ends on the 20th day of the month. Please submit to Payroll Dept. on the 21st

DATE	SCHOOL	JOB NUMBER	SUBSTITUTED FOR (Name)	FULL DAY	HALF DAY

TOTAL NUMBER OF DAYS	
EMPLOYEE'S SIGNATURE	DATE
REQUIRES PERSONNEL'S APPROVAL	DATE

THIS TIME REPORT MUST BE IN PAYROLL DEPT. BY THE 21ST OF THE MONTH TO BE PAID.

Time	Hour Code	Rate of Pay	Expense Code
	3645		