# MOORPARK UNIFIED SCHOOL DISTRICT

## — Substitute Teacher Attendance Report —

NAME: _____

SOCIAL SECURITY NO.: _____

MONTH: _____ 20____

**INSTRUCTIONS**

Timesheets must be submitted to school office manager by 3:30 PM on last working day of the month. Time will not be paid without a signature and Social Security Number. Failure to submit completed timesheet by last working day of the month will result in a one month delay of payment.

TO BE COMPLETED BY SCHOOL OFFICE MANAGER

| DATE | TEACHER ABSENT | SUPERVISOR'S SIGNATURE | SITE | PROGRAM | HALF DAY | FULL DAY |
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| 1 | | | | | | |
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| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |

| DATE | TEACHER ABSENT | SUPERVISOR'S SIGNATURE | SITE | PROGRAM | HALF DAY | FULL DAY |
|---|---|---|---|---|---|---|
| 17 | | | | | | |
| 18 | | | | | | |
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| 30 | | | | | | |
| 31 | | | | | | |

| CHARGE ACCOUNT NUMBER | DAYS | RATE | TOTAL DUE |
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*SUBSTITUTE'S SIGNATURE:* _____

Signature above certifies that information shown is true and correct.

| CHARGE ACCOUNT NUMBER | DAYS | RATE | TOTAL DUE |
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