Patterson Unified School District
Certficated (Sub and Extra Duty)

Payroll Date: _____ **Employee Name:** _____

Date	Sub (include Person & Postion)	Extra Duty (attach form)**	# of Hours Worked	Per Diem / Hourly Rate	Funding Source	Amount
					Total	

*Please complete **either** sub or extra duty for each date; not both

**Write the Code for Extra Duty not Requiring the Form

Cert	01	-	_ _ _ _	-	0	-	1 1 _ _	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	XX
Cert	01	-	_ _ _ _	-	0	-	1 1 _ _	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	XX
Cert	01	-	_ _ _ _	-	0	-	1 1 _ _	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	XX
DP	01	-	_ _ _ _	-	0	-	1 1 _ _	-	3 2 0 0	-	1 0 0 0	-	5 0 0	-	0 0 0 0	-	XX
Home Hosp	01	-	0 0 0 0	-	0	-	1 1 1 8	-	3 3 0 0	-	1 0 0 0	-	0 0 8	-	0 8 9 5	-	XX
Summer	01	-	_ _ _ _	-	0	-	1 _ _ _	-	1 1 1 0	-	1 0 0 0	-	0 0 8	-	0 8 4 4	-	XX
	_ _	-	_ _ _ _	-	0	-	_ _ _ _	-	_ _ _ _	-	_ _ _ _	-	_ _ _	-	_ _ _ _	-	X X
	_ _	-	_ _ _ _	-	0	-	_ _ _ _	-	_ _ _ _	-	_ _ _ _	-	_ _ _	-	_ _ _ _	-	X X
	_ _	-	_ _ _ _	-	0	-	_ _ _ _	-	_ _ _ _	-	_ _ _ _	-	_ _ _	-	_ _ _ _	-	X X
	_ _	-	_ _ _ _	-	0	-	_ _ _ _	-	_ _ _ _	-	_ _ _ _	-	_ _ _	-	_ _ _ _	-	X X
	_ _	-	_ _ _ _	-	0	-	_ _ _ _	-	_ _ _ _	-	_ _ _ _	-	_ _ _	-	_ _ _ _	-	X X

SITE: _____

I hereby certify that the number of hours listed above are acurate to the best of my knowledge.

Supervisor's Signature Date

I hereby certify that the above hours are true and correct to the best of my knowledge.

Claimant's Signature Date

Revised 10/2019