

Lawndale School District Substitute Timesheet – Classified



Pay Period: _____

Name: _____

EIN: _____

(Employee Identification Number)

Date	Absent Employees Name	Hours Worked	Substitute Account Number to be Charged					Administrator's Signature
			Fund (3)	Resource/Yr (6)	Goal (5)	Function (5)	Object (4)	
Total Hours								

Classified: hourly substitute timesheets are due in the Accounting Department by the 11th and 26th of each month.

Signature _____ Date _____

AB 1522 SICK TIME PAY				
Date	Absent Employee's Name	Location	Hours	AESOP Confirmation#

Administrator's Signature

Please attach an AB 1522 absence form. Sick time will not be paid unless an AB 1522 absence form is attached.

Signature of Employee

_____ Date _____

Note: You must have enough accrued sick time to cover absence indicated above and 90 days of employment.