



**LAWDALE SCHOOL DISTRICT**  
**MONTHLY TIMESHEET**  
CERTIFICATED SUBSTITUTE

Employee Name

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Employee Identification Number (EIN)

**Account Number - must be completed**

Dates	Absent Teacher	School	Time Worked		Absence Coding	Account Number - must be completed						Administrator's Signature	
			Full Day	1/2 Day		Fund(3)	Resource/YR(6)	Goal(5)	Function(5)	Object(4)	School/Loc(7)		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

<b>Accounting Use Only</b>		<b>Total Days</b>	<b>0</b>
Days: _____	Rate: _____		
Days: _____	Rate: _____		

\*Please refer to LESD website-Accounting webpage for timesheet due dates.

Substitute Teacher Signature

X

To report a Board Approved absence please fill out side 2.  
To report an AB 1522 absence please fill out side 2.



**LAWDALE SCHOOL DISTRICT**  
**BOARD APPROVED/AB 1522 ABSENCE**  
**CERTIFICATED SUBSTITUTE**

<u>Employee Name</u>
Employee Identification Number (EIN)

**Account Number - must be completed**

Dates	Absent Teacher	School	Time Worked		Absence Coding	Fund(3)	Resource/YR(6)	Goal(5)	Function(5)	Object(4)	School/Loc(7)	Administrator's Signature
			Full Day	1/2 Day								
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

<b>Accounting Use Only</b>	<b>Total Days</b>	<b>0</b>
Days: _____ Rate: _____		
Days: _____ Rate: _____		

\*Please refer to LESD website-Accounting webpage for timesheet due dates.

Substitute Teacher Signature
<b>X</b>

Grand Total

To insure proper charging, account Number must be complete.

**AB 1522 - SICK TIME PAY**

Dates	Absent Teacher	School	Full Day	1/2 Day	AESOP Confirmation #

<b>Administrator's Signature</b>

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

Substitute Teacher Signature
<b>X</b>

**\*NOTE:** You must have enough accrued sick time to cover the absence indicated above and 90 days of employment.