HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 East Gale Ave., City of Industry, CA 91716 -- Payroll Department – (626) 933-3871

SUBSTITUTE TEACHER TIMESHEET

_____ _____ _____
PRINT NAME (LAST, FIRST) SS#/EID# **(Required)** MONTH-YEAR

EACH MONTH MUST BE ON SEPARATE TIMESHEETS

****EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO THE PAYROLL DEPARTMENT****
Refer to Payroll Schedule for timesheet due date - SACS code and Job # are REQUIRED from each site - Please see site administrator for SACS code.

DATE	*Job#*	*Teacher Substituted For:*	*Site*	*All Day (6 hrs)*	*Half Day (3 hrs)*	*SACS Code (REQUIRED)*	*Reason Wksp/Conf*	*Approved by Site Administrator*

☐ **Check box if Long Term**
(21 or more days)

_____ Total # of Days

EMPLOYEE'S SIGNATURE_____
(REQUIRED)

Form #1055 (Rev. 07/2018)