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

SUMMER SCHOOL
SUBSTITUTE TEACHER TIMESHEET

_____ _____ _____
EMPLOYEE NAME (LAST, FIRST) FULL SS # or 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	Hours	SACS Code (REQUIRED)	Reason Wksp/Conf	Approved by Site Administrator

Total Number of Hours _____

EMPLOYEE'S SIGNATURE_____
(REQUIRED)

Form #1055-S (Rev. 07/2018)