

Tracy Unified School District
 1875 W. Lowell Ave. – Tracy, CA 95376
 SUBSTITUTE TEACHER TIMESHEET

Page _____ of _____

PAYROLL PERIOD _____ 16, 20 _____ TO _____ 15, 20 _____

NAME _____ ID# _____ SIGNATURE _____

INSTRUCTIONS TO SUBSTITUTE: One timesheet (or more, if needed) will be used for the entire pay period. Upon arrival at school site, complete date, name of absent teacher, arrival time, and check appropriate work unit box. At the end of the work day, have the timesheet signed by the Principal/designee. **Forward time sheet(s) to Human Resources by the 17th of each month. If the 17th falls on a weekend or holiday, then the time sheet(s) will be due on the preceding work day.**

WORK UNIT KEY:

Full Day = 5 or more hours OR no more than 7.5 hours per day OR minimum day schedule

¾ Day = more than 4 hours but less than 5 hours per day

½ Day = 4 hours or less per day

Extra Periods (middle & high school only) = applies if working 6 periods. LIST AS A SEPARATE ENTRY ON TIME SHEET.

SITE INSTRUCTIONS: Check appropriate Account Code box. Complete school business code, if applicable. Principal or Designee must sign EACH DAY of an assignment. **THE TIME SHEET IS RETURNED TO THE SUBSTITUTE EACH DAY. NOTE: IF NO ACCOUNT CODE IS GIVEN, SUB COST WILL BE CHARGED TO SITE BUDGET.**

JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-____-____			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101			
<input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			Principal or Designee signature:			
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PAYROLL USE ONLY:

Total Paid _____ Date Paid _____

SUBSTITUTE'S NAME

EMPLOYEE ID #

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