PERRIS UNION HIGH SCHOOL DISTRICT

Classified Sub Time Card

Name: _____

Emp #: _____

Pay Period Start:____/____/____

Pay Period End:____/____/____

Please Note: Completed and signed timecards are to be turned in to the Payroll Office by 4:30 PM on the day specified on the District Payroll Schedule.
Timecards received after this date are subject to being processed the following month.

Please use blue or black ink only. NO Pencil or Red ink and DO NOT USE White Out.

Employee Fills Out This Portion

Date	Start Time	Lunch From	Lunch To	End Time	Total Hours	Site	Substituted For:	Confirmation #:	CLERI	CUST	CS	NUTRI	RSP	HVAC	SC/SH	TRN	LVN	Funding Source xx-xxx-xxxx-x-xxxx-xxxx-xxxx	Abs Code	Admin Int.	Payroll Use Only

Position Type(Check one)

Office Use Only

TOTAL HOURS ____

I HEREBY CERTIFY that I have worked for the **Perris Union High School District** on the days and hours stated above. I further understand the falsification of district records is grounds for disciplinary action including **Dismissal.**

_____

SUBSTITUTE'S SIGNATURE

Position Type	
CLERI	Clerical
CUST	Custodial
CS	Campus Sup.
NUTRI	Nutrition Services
RSP	RSP/Gen Ed Paraed.
SC/SH	SC/SH Paraeducator
HVAC	HVAC
TRN	Translator
LVN	Lic. Voc. Nurse

Leave Codes	
B	Bereavement
J	Jury Duty
O	Other
P	Personal Des/Nec.
S	Sick
SB	School Business
V	Vacation
VAC	Vacancy
W/C	Workers Comp

Updated 03/3/22