PERRIS UNION HIGH SCHOOL DISTRICT

Certificated Sub Time Card

Name: _____

Employee #: _____

Pay Period Starts: ___/___/___ **Pay Period Ends:** ___/___/___

Please Note: Signed and completed time cards are to be turned in to the Payroll Office by 4:30 PM on the day specified on the District Payroll Schedule. Time cards 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				Office Use Only						
Date	Site Abbreviation	Substituted For:	FrontLine Confirmation #:	# of Periods	Description of Work	Funding Source (xx-xxx-xxxx-0-xxxx-xxxx-xxxx)	Leave Code	Long Term	Admin Approval	Payroll Use Only

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

_____

Substitute Signature

District Paid Resource 0000	Requires Other Resource
S - Sick	SB - Conference
B - Bereavement	SD - Staff Development
JD - Jury Duty	O - Other Activities
P/N - Personal Necessity (form)	VA - Vacancy
P/D - Personal Discretion (form)	
W/C - Workers Comp.	

Updated 9/10/19