

# Certificated Substitute Timesheet

# CERT SUB

Last Name <small>(Legal)</small>		First Name <small>(Legal)</small>		Location Code	
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**Completed by Employee**

Date MM/DD/YYYY	Legal first & last name of employee you subbed for	Full day	Half day	Para to sub Hrs	Account Code
<b>Total Hours</b>					

Employee: I certify that all hours are true and accurate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# Instructions

## Employee

1. A separate monthly timesheet must be filled out for each location at which you substituted during the month.
2. Fill out all employee sections of form.
3. Sign and date.
4. Submit to appropriate person for approval.

## Office Manager

1. Ensure form is filled out completely and correctly, and that the absent teacher has taken the appropriate leave for the absence.
2. Enter an account code if you want the substitute charged to a specific account.

2023-2024 Payroll Dates			
Cut-off Date	Pay Day	Cut-off Date	Pay Day
Aug 31	Sept 29	Feb 28	Mar 29
Sept 30	Oct 31	Mar 31	Apr 30
Oct 31	Nov 30	Apr 30	May 31
Nov 30	Dec 28	May 31	June 28
Dec 31	Jan 31	June 30	July 31
Jan 31	Feb 29	July 31	Aug 30

Location Codes			
CVES	5015	CKMS	4397
FCES	2222	SMS	2124
NBES	2287	TFMS	5135
OES	4308	MSHS	2850
SES	2288	TRS	1502
TRES	5457	DO	1079
PPP	5296		