

Tracy Unified School District
 1875 W. Lowell Avenue - Tracy CA, 95376
Classified Time Sheet - Substitute and Extra Services

Time sheet due to Site/Dept. for processing each 16th of the month; The Site/Dept. will submit to Finance on or before the 20th of each month.

Name of Employee _____ **ID #** _____
 Print Name
Payroll Period: From Month ____/16/20 **To Month** ____/15/20
 clerical(site) clerical (department) custodial/maintenance grounds security bus driver
 warehouse para-educator library tech supervision day care translator re-class Other

Date	Hours Work Performed (8am-5pm)	Total Hours Worked	Date	Hours Work Performed (8am-5pm)	Total Hours Worked	Date	Hours Work Performed (8am-5pm)	Total Hours Worked
16			27			7		
17			28			8		
18			29			9		
19			30			10		
20			31			11		
21			1			12		
22			2			13		
23			3			14		
24			4			15		
25			5					
26			6				Grand Total of Hours	

Employee Signature: _____ **Date:** _____

SITE OR DEPARTMENT PLEASE CHECK THE APPROPRIATE BOXES-FILL OUT COMPLETELY

Site/Department: _____ **Funding Source:** _____ **Type of Service:** substitute re-class
Substituted for: _____ **(Current employee) Position Title:** _____

- sub Para-Special Ed: 01-6500-0-5770-1110-2105-806-2542 sub Para Ed: 01-0000-0-1110-1000-2105-806-2090
- sub supervision: 01-0000-0-1110-2490-2905-806-8101 sub Para Music: 01-0000-0-1110-1000-2105-806-2070
- sub clerical-sites: 01-0000-0-1110-2700-2405-806-8101 sub clerical-dept./district offices: 01-0000-0-0000-7600-2405-806-8101
- sub library techs: 01-1100-0-1110-2420-2205-806-8101 sub custodial/utility: 01-0000-0-1110-8200-2205-806-8101
- sub security: 01-0000-0-1110-8300-2205-806-8101 sub maintenance/grounds: 01-8150-0-0000-8110-2205-806-8101
- extra services utility/security/alarm **NOT OVERTIME:** 01-0000-0-1110-8300-2207-806-9031
- extra hrs. bus driver: Home to school ____% 01-0723-0-1110-3600-2207-806-9702 Spec Educ. ____% 01-0724-0-5001-3600-2207-806-9702
- sub bus driver: Home to School ____% 01-0723-0-1110-3600-2205-806-9702 Spec.ed ____% 01-0724-0-5001-3600-2205-806-9702

Extra Services: _____ **Reason for services**
Site/categorical funding: _____ **Account code to be charged**

Vacant position _____ **Title of position** _____ **Position #** _____

Vacant position account code: _____

Name of former employee: _____ **(Contact Payroll Specialist-Finance for account code)**

Approval: _____
 Site/Department Signature _____ Date _____ Budget Manager Signature _____ Date _____

PAYROLL USE ONLY

_____ Hrs. @ _____ \$ _____

Total Paid: _____

_____ Hrs. @ _____ \$ _____

Date Paid: _____