

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
 CERTIFICATED TIME RECORD
 (Substitute/Extra Duty/Home Hospital)**

Last Name: _____ First Name: _____ School Site: _____

Employee ID#: _____

Pay cycle runs from the 21st of the month through the 20th of the next month and is paid on the 10th of the following month. Ex: Jan. 21st through Feb. 20th is paid on March 10th.

Date MM/DD/YY	Name of Employee Substituted For / Program (If Home/Hospital, Name of Student)	Reason for Time Off or Absence (Use the Key Below)	Time		Full Day	Half Day	Account Coding FD-RE-Y-OBJ-SO-GO-FN-SC-P1-P2-P3											# Hours or # Days	Rate of Pay			
			In	Out			X	X	XX	XXXX	X	XXXX	XX	XXXX	XXXX	XXX	XX			XX	XX	
			am	am																		
			pm	pm																		
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			pm	pm																		

SUMMARY - FOR PAYROLL USE ONLY

	FD	RE	Y	OBJ	SO	GOAL	FN	SCH	P1	P2	P3	PAY SUMMARY
TIMESHEET TOTAL												

Signature of Teacher/Substitute

Date

SL - Sick Leave; PN - Personal Necessity; B - Bereavement; JD - Jury Duty; ATH - Athletics or Coaching; HH - Home Hospital; C - Conference (must include conference name); WC - Worker's Compensation

Signature of Principal

Date

White - Payroll (DO) Yellow - Payroll (check backup) Pink - School Site