Certficated (Sub and Extra Duty)

Patterson Joint Unified School District

Payroll Date: _____ **Employee Name:** _____

Date	Sub: Position (Person)	Extra Duty (inc form #)**	Days / Hours	Per Diem / Hourly Rate	Funding Source	Amount
					Total	

*Please complete **either** sub or extra duty for each date; not both

**Write the Code for Extra Duty not Requiring the Form

SITE: _____

I hereby certify that the above hours are true and correct to the best of my knowledge.

I hereby certify that the number of hours listed above are acurate to the best of my knowledge.

Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Cert	0 1	-	_ _ _ _	-	0	-	1 1 _ _	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	X X
Cert	0 1	-	_ _ _ _	-	0	-	1 1 _ _	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	0 0 0 0	-	X X
LCAP	0 1	-	0 6 5 4	-	0	-	1 1 _ _	-	1 1 1 0	-	1 0 0 0	-	_ _ _	-	_ _ _ _	-	X X
DP	0 1	-	_ _ _ _	-	0	-	1 1 _ _	-	3 2 0 0	-	1 0 0 0	-	5 0 0	-	0 0 0 0	-	X X
Home Hosp	0 1	-	0 0 0 0	-	0	-	1 1 1 8	-	3 3 0 0	-	1 0 0 0	-	0 0 8	-	0 8 9 5	-	X X
SpEd	0 1	-	6 5 0 0	-	0	-	1 1 _ _	-	5 7 6 0	-	1 1 1 0	-	_ _ _	-	0 0 0 0	-	X X
Autism	0 1	-	6 5 0 0	-	0	-	1 1 _ _	-	5 7 _ _	-	1 1 1 0	-	0 0 8	-	ATSM	-	_ _
Adult Ed	1 1	-	0 0 0 1	-	0	-	1 1 0 1	-	4 1 1 0	-	1 0 0 0	-	0 0 8	-	0 0 0 0	-	X X
Summer	0 1	-	_ _ _ _	-	0	-	1 _ _ _	-	1 1 1 0	-	1 0 0 0	-	0 0 8	-	0 8 4 4	-	X X
	_ _	-	_ _ _ _	-	0	-	_ _ _ _	-	_ _ _ _	-	_ _ _ _	-	_ _ _	-	_ _ _ _	-	_ _

Revised 07/2023