



# CERTIFICATED SUBSTITUTE PAY TIMESHEET

EMPLOYEE NAME \_\_\_\_\_ ID # \_\_\_\_\_

LIVERMORE  
SCHOOL DISTRICT

\_\_\_\_\_  
MONTH/YEAR

\_\_\_\_\_  
EMPLOYEE SIGNATURE

*DEADLINES - Period of 1<sup>st</sup> – 10<sup>th</sup> and Period of 11<sup>th</sup> – 31<sup>st</sup> each due in the Payroll Office by 5:00 pm next business day*

DATE	JOB #	COVERING FOR?	WORK SITE	CIRCLE ONE		FRIDAY	ACCOUNT CODE	SUPERVISOR'S SIGNATURE
				3.5 HRS	6.5 HRS			
EX.				½	1		FND-OBJT-RESC-GOAL-FUNC-LOC-MG-Y-COST	
1				½	1			
2				½	1			
3				½	1			
4				½	1			
5				½	1			
6				½	1			
7				½	1			
8				½	1			
9				½	1			
10				½	1			
11				½	1			
12				½	1			
13				½	1			
14				½	1			
15				½	1			
16				½	1			
17				½	1			
18				½	1			
19				½	1			
20				½	1			
21				½	1			
22				½	1			
23				½	1			
24				½	1			
25				½	1			
26				½	1			
27				½	1			
28				½	1			
29				½	1			
30				½	1			
31				½	1			
TOTAL DAYS FOR PERIOD								

**PAYROLL USE ONLY**

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

PAID