



CLASSIFIED SUBSTITUTE, SHORT-TERM & ADDITIONAL HOURS

LIVERMORE
SCHOOL DISTRICT

EMPLOYEE NAME _____ ID # _____

WORK SITE _____ MONTH/YEAR _____

CHECK ONE: (separate timesheet per job/work site):

- | | | | | |
|--|---|---|---|------------------------------------|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Campus Spv-HS | <input type="checkbox"/> Childcare Provider | <input type="checkbox"/> Clerical | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Food Service Asst | <input type="checkbox"/> Graphics/Media | <input type="checkbox"/> Instructional Asst | <input type="checkbox"/> Instr/PE Spec | <input type="checkbox"/> LVN |
| <input type="checkbox"/> Paraeducator | <input type="checkbox"/> Proctor | <input type="checkbox"/> Special Prj Clerk | <input type="checkbox"/> Special Prj Test | <input type="checkbox"/> Student |
| <input type="checkbox"/> Theatre Mgr | <input type="checkbox"/> Theatre Tech | <input type="checkbox"/> Translator | <input type="checkbox"/> Yard Duty Spv | <input type="checkbox"/> _____ |

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

DATE	TIME IN	LUNCH		TIME OUT	TOTAL HRS/DAY	DATE	TIME IN	LUNCH		TIME OUT	TOTAL HRS/DAY
		OUT	IN					OUT	IN		
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16						TOTAL HOURS FOR PERIOD					

Employee Signature

Date

SUBSTITUTED FOR & CONFIRMATION #: _____ or PCN # if VACANT _____

Authorized Site Signature

Date

- Sick Leave - Paraeducator, Sr Prg Asst, Instr Asst
010-2150-0000-1110-1000-554-11-0-0000
- Sick Leave – Clerical Sub
010-2450-0000-1110-2700-554-11-0-0000
- Sick Leave – Custodian/Maintenance
010-2250-0000-1110-8100-554-11-0-0000
- Sick Leave – Yard Duty Supervisor
010-2950-0000-1110-8100-554-11-0-0000
- Union Leave
010-2150-0000-0000-7100-604-03-0-7141

District Signature (if applicable)

Date

- Food Service
130- _____ -5310-0000-3700- 606 -21-0-0000
- Campus Supervisor-HS
010-2950-0000-1110-8100- _____ - _____ - 0-0000
- Yard Duty Supervisor
010-2928-0000-1110-8100- _____ - 02 -0-0405
- Transition Student
010-2935-6500-5760-1190-746-15-0-1850
- Other

PAYROLL USE ONLY

_____ @ \$ _____ = _____
_____ @ \$ _____ = _____

GRAND TOTAL _____
PAID