609 South Gold Street SISKIYOU COUNTY OFFICE OF EDUCATION TIMESHEET Yreka, CA 96097

Employee: _____ Daily Work Hours Per Assignment Sheet _____

Month of _____, 20_____

Due to SCOE HR Dept. **no later than 10 a.m. on the THIRD of the following month** or the next business day.

Reasons: SH (School Holiday) SL (Sick Leave) VAC (Vacation) WOC (Work Out of Classification)

Date	Certificated/Substitutes: FD (Full Day)/HD (Half Day) Classified: Total # of Hours Worked (Should include all breaks)	Total # of Hours Leave *Leave Request Must Be Submitted	Subbing For or Reason
1			
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I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Employee:_____ Date: _____ Teacher Initials: _____

Program Manager:_____ Date: _____