



CERTIFICATED SUBSTITUTES & OTHER STANDARDS-BASED PAY FOR TEACHERS
(PLEASE PRINT ALL INFORMATION)

1936 Carlotta Dr., Wing B
Concord, CA 94519
(925) 682-8000

Emp. Lovee ID# _____

Pay Period Ending _____

Name _____
(Last) (First)

School/Site _____

Job Title: _____

THIS TIME REPORT MUST BE TURNED IN BY THE 21ST OF THE MONTH TO BE PAID BY THE 10TH OF THE FOLLOWING MONTH

DATE	AM		HOURS		PM		TOTAL HOURS	ACTIVITY / WORK DESCRIPTION	SITE	PRINCIPAL (initials)	
	FROM	TO	FR	M	TO						
THIS TIME REPORT MUST BE IN PAYROLL DEPT. BY THE 22ND OF THE MONTH TO BE PAID BY THE 10TH OF THE FOLLOWING							Total	For Use by Payroll Only			

Signatures herein certify that the time and dates noted above are a correct and complete record of the hours worked this pay period

Employee Signature _____ Date _____

Principal Signature _____ Date _____

Budget Administrator _____ Date _____

District Administrator _____ Date _____

Expenditure Code & SPSA Ref (if applicable)