1936 Carlotta Dr.
Concord, CA 94519
(925) 682-8000, ext 4201

SUBSTITUTE SUMMER CLASSIFIED TIME REPORT Pav Period Ending: JUNE/JULY 2024

HOURLY POSITION **Please Circle One:** GENERAL or SPECIAL Education

Employee ID#_____ School/Site:_____

Name: _____ Job Title: _____
(Last) (First)

X **Retiree**- Please Circle "X" if retired.

PLEASE SUBMIT TO PROGRAM MANAGER/SITE ADMINISTRATOR BY THE END OF PAY PERIOD

DATE	AM HOURS		PM		TOTAL HOURS		DESCRIPTION OF WORK PERFORMED	Supervisor Approval (Initials are required)
	FROM	TO	FROM	TO	REG	OT		
							Summer School Preparation Day	
							Last Day of Summer Schoc	
			TOTAL HOURS				EMPLOYEE'S SIGNATURE	DATE

THIS TIME REPORT MUST BE COMPLETED AND **DELIVERED TO THE PAYROLL DEPT. BY the 22nd** FOR **PAYMENT ON THE 10TH** OF THE FOLLOWING MONTH.

APPROVED BY PRINCIPAL/SUPERVISOR (Signature only please, no initials) — DATE

APPROVED BY COORDINATOR (Signature only please, no initials) — DATE

Hours Code	Number of Hours	Rate of Pay	(Please highlight/circle the	EXPENSE CODE expense code for which these duties were performed)
			Campus Sup.	01-2600-0000-8300-27260000-402-004-2950
			IMA (HS Only)	01-2600-0000-2420-27260000-402-004-2450
			Secretary	01-2600-0000-2700-27260000-401/402-004-2450
			SRIA (Bilingual)	01-6500-5760-1110-10500000-505-005-2150
			SEA, ADHOH (Pre=Schl)	01-6500-5760-1110-10500000-505-005-2160