

Tracy Unified School District
1875 W. Lowell Avenue - Tracy CA, 95376
Classified Time Sheet - Substitute and Extra Services

Time sheet due to Site/Dept. for processing each 16th of the month; The Site/Dept. will submit to Finance on or before the 20th of each month.

Name of Employee _____			ID # _____		
Print Name					
Payroll Period: From Month _____/16/20			To Month _____/15/20		
☐ clerical(site) ☐ clerical (department) ☐ custodial/maintenance ☐ grounds ☐ security ☐ bus driver ☐ warehouse ☐ para-educator ☐ library tech ☐ supervision ☐ day care ☐ translator ☐ re-class ☐ Other					

Date	Hours Work Performed (8am-5pm)	Total Hours Worked	Date	Hours Work Performed (8am-5pm)	Total Hours Worked	Date	Hours Work Performed (8am-5pm)	Total Hours Worked
16			27			7		
17			28			8		
18			29			9		
19			30			10		
20			31			11		
21			1			12		
22			2			13		
23			3			14		
24			4			15		
25			5					
26			6				Grand Total of Hours	

*Employee Signature: _____ Date: _____

SITE OR DEPARTMENT PLEASE CHECK THE APPROPRIATE BOXES-FILL OUT COMPLETELY

Site/Department: _____ Funding Source: _____ Type of Service: ☐ substitute ☐ re-class

Substituted for: _____ (Current employee) Position Title: _____

- ☐ sub Para-Special Ed: 01-6500-0-5770-1110-2105-806-2542

CIRCLE ONE: 1:1 PARA / CLASSROOM PARA

☐ sub supervision: 01-0000-0-1110-2490-2905-806-8101

☐ sub clerical-sites: 01-0000-0-1110-2700-2405-806-8101

☐ sub library techs: 01-1100-0-1110-2420-2205-806-8101

☐ sub security: 01-0000-0-1110-8300-2205-806-8101

☐ extra services utility/security/alarm **NOT OVERTIME:** 01-0000-0-1110-8300-2207-806-9031

☐ extra hrs. bus driver: Home to school _____% 01-0723-0-1110-3600-2207-806-9702 Spec Educ. _____% 01-0724-0-5001-3600-2207-806-9702

☐ sub bus driver: Home to School _____% 01-0723-0-1110-3600-2205-806-9702 Spec.ed _____% 01-0724-0-5001-3600-2205-806-9702

☐ sub Para Ed: 01-0000-0-1110-1000-2105-806-2090

☐ sub Para Music: 01-0000-0-1110-1000-2105-806-2070

☐ sub clerical-dept./district offices: 01-0000-0-0000-7600-2405-806-8101

☐ sub custodial/utility: 01-0000-0-1110-8200-2205-806-8101

☐ sub maintenance/grounds: 01-8150-0-0000-8110-2205-806-8101

☐ Extra Services: _____ Reason for services _____
 Site/categorical funding: _____ Account code to be charged _____

☐ Vacant position _____ Title of position _____ Position # _____

Vacant position account code: _____

Name of former employee: _____ (Contact Payroll Specialist-Finance for account code)

Approval: _____
 Site/Department Signature _____ Date _____ Budget Manager Signature _____ Date _____

PAYROLL USE ONLY

_____ Hrs. @ _____ \$ _____

Total Paid: _____

_____ Hrs. @ _____ \$ _____

Date Paid: _____