HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 East Gale Ave., City of Industry, CA 91716 -- Payroll Department – (626) 933-3871

ADULT EDUCATION SUBSTITUTE TEACHER TIMESHEET

PRINT NAME (LAST, FIRST) _____ FULL SS# or EID # **(Required)** _____ MONTH-YEAR _____

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO PAYROLL DEPT.
Refer to Payroll Schedule for timesheet due date - SACS code is REQUIRED from each site - Please see site administrator for SACS code.

Date	Start Time	End Time	Teacher Substituted For:	Number of Hours Worked	SACS Code (REQUIRED)	Workshop (W) Conference (C)	Approved by Site Administrator

Total # of Hours _____

EMPLOYEE'S SIGNATURE_____
(REQUIRED)

Form #1055-A (Rev. 06/25)