Example

Tracy Unified School District
1875 W. Lowell Ave.
Tracy CA, 95376

Food Service Substitute Time Sheet

Note: Must be turned in within 30 days

Name of Employee John Doe Employee ID# 123456

Period of Employment: From 2 /16/ 25 To: 3 /15/ 25
Mo. Yr. Mo. Yr.

Date	Hours Work Performed (i.e. 8am-5pm)	Actual Hours Worked	Date	Hours Work Performed (i.e. 8am-5pm)	Actual Hours Worked	Date	Hours Work Performed (i.e. 8am-5pm)	Actual Hours Worked
16			27			7	10:00 - 1:00	3
17			28	10:30 - 1:30	3	8		
18	8:30 - 11:00 11:30 - 2:00	5	29			9		
19	8:30 - 11:00 11:30 - 2:00	5	30			10		
20	8:30 - 11:00 11:30 - 2:00	5	31			11		
21	10:15 - 1:15	3	1			12		
22			2			13		
23			3	10:15 - 1:15	3	14		
24	10:15 - 1:15	3	4			15		
25			5	10:30 - 1:30	3			
26	10:15 - 1:15	3	6	10:00 - 2:00	4		Grand Total of Hours	40

Employee Signature: John Doe Date: 3/7/25

Use this area for explanations:
2/18 - 2/20 - Training at West High 3/7 - Bohn
2/21, 2/24 - Training at Jacobson
2/26 - Freiler
2/28 - South West
3/3 - Freiler
3/5 - South West
3/6 - Tracy High

Site/ Dept. Data Use Only

SNP ✓ Account Code: 13-5310-0-0000-3700-2205-806-9802

Approval: _____ _____
Director of Food Services Date

Payroll Use Only

Earnings: _____Hrs. @ _____ $_____ Total Paid:_____

Earnings: _____Hrs. @ _____ $_____ Date Paid: _____

Updated 7/30/20 EG