26-27 Certficated Sub and Extra Duty Timesheet

Patterson Joint Unified School District

Payroll Date: _____ **Employee Name:** _____

(Current Month and Year) *(Last name, First name)*

Date Work Completed	Substitute: Job Title (Absent Employee)	Extra Duty: Task and XDTY #	# of Days or Hours	Per Diem or Hourly Rate	Funding Source *(limit 2 per line)*	Amount

Please complete **either** sub or extra duty for each date; not both

Total Hours/Days _____ Total Payment $ _____

SITE: _____

I hereby certify that the above hours are true and correct to the best of my knowledge.

Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

FOR PAYROLL USE ONLY

Cert	01 - ____ - 0 - 11__ - 1110 - 1000 - ___ - ____ - __		
Cert	01 - ____ - 0 - 11__ - 1110 - 1000 - ___ - ____ - __		
LCAP	01 - 0654 - 0 - 11__ - 1110 - 1000 - ___ - ____ - XX		
Admin	01 - ____ - 0 - 13__ - 0000 - 2700 - ___ - ____ - __		
Adult Ed	11 - 0001 - 0 - 1101 - 4110 - 1000 - 008 - 0000 - XX		
ATSM	01 - 6500 - 0 - 11__ - 57__ - 1110 - 008 - ATSM - __		
DP	01 - ____ - 0 - 11__ - 3200 - 1000 - 500 - ____ - XX		
Home/Hosp	01 - 0000 - 0 - 1118 - 3300 - 1000 - 008 - 0895 - XX		
Migrant	01 - 0000 - 0 - 1173 - 1110 - 1000 008 - 4850 - XX		
OVIS	01 - ____ - 0 - 11__ - 3300 - 1000 - 010 - ____ - XX		
PreSchool	12 - ____ - 0 - 1___ - 0001 - 1000 - ___ - 0000 - XX		
SpEd	01 - 6500 - 0 - 11__ - 5760 - 1110 - ___ - 0000 - XX		
Summer	01 - ____ - 0 - 1___ - 1110 - 1000 - 008 - 0844 - XX		
Other	__ - ____ - 0 - ____ - ____ - ____ - ___ - ____ - __		

Revised 7/1/26