SUBSTITUTE TEACHER'S TIME REPORT

☐ **Retiree**
Please CHECK if retired.

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

Employee ID # _____ Pay Period Ending _____
Required on all timesheets (found on Check/Direct Deposit Advice) (MM/DD/YY)

Name (Last) (First) (Middle Initial)
(PLEASE PRINT ALL INFORMATION)

Payroll period ends on the 20th day of the month. Please submit to Payroll Dept. on the 21st

DATE	SCHOOL	JOB NUMBER	SUBSTITUTED FOR	ENTER AMOUNT FULL	ENTER AMOUNT HALF	PRINCIPAL'S SIGNATURE