Lucia Mar Unified School District

SUBSTITUTE TEACHER HOURLY TIME SHEET

(Classified Employee /Substitute Teacher)

| Name | Last 4 digits SS# | Month |
|------------------------|-------------------|-------|
| (Please print clearly) | <u></u> | |

| | MONTH | HOURS w-students | HOURS w/o-students | NAME OF TEACHER ABSENT | REASON | PROGRAM ACCOUNT CODE | AUTHORIZED SIG |
|-------|-------|---------------------|-----------------------|------------------------|--------|----------------------|----------------|
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| TOTAL | | | | | | | |

| DISTRICT OFFICE USE ONLY | | | | | | |
|------------------------------|-------|---|--|--|--|--|
| Acct # | × | = | | | | |
| Acct # | х | = | | | | |
| Acct # | х | = | | | | |
| Acct # | х | = | | | | |
| Acct # | х | = | | | | |
| Acct # | х | = | | | | |
| Acct # | х | = | | | | |
| Acct # | х | = | | | | |
| Engage • Challenge • Inspire | Total | = | | | | |

NOTE: Due in Payroll Department by 4:30pm on the 25th of each month.

If not received within 24 hours of this date your check could be delayed one payroll cycle.

Substitute Teacher Signature