



INSTRUCTIONS: This document is to be used by **Certificated Substitutes, Certificated** employees working in a temporary position, and **Regular Certificated** employees who are working overtime or additional hours beyond their normal workday or workyear. Please type or print legibly.

GENERAL INSTRUCTIONS:

Complete top section: Name, last four digits (only) of Social Security Number, Department, and Home Phone Number.

Indicate pay months and year. The pay period is from the 19th of one month to the 18th of the next month, payable the following 10th of the month.

For example, January 19, 2008 to February 18, 2008 will be paid on March 10, 2008.

On each day worked enter the number of hours or day worked. If substituting, indicate either a full day (1) or half day (1/2) worked.

Enter the work site location.

Enter the job number, if you are a substitute you are required to have a job number and this column **must** be completed. If you are not a substitute put a line through the job number column.

Enter the name of the employee you are substituting for or the reason why the work was performed.

All areas must be complete to process time sheet for payment.

Please sign and date the form. Forward to your Department on the **18th** of the month. The Department will complete the gray highlighted account number section, total days/ hours, sign and date form, and then forward to the Payroll Department.

The Payroll Department must receive the time sheet no later than the **21st** of the month for processing.