MONTEREY COUNTY OFFICE OF EDUCATION - SUBSTITUTE TIMESHEET

Office use only:

SUBSTITUTE NAME (PRINT): _____

SOCIAL SECURITY NUMBER: XXX - XX - _____

DEPARTMENT/DIVISION: _____

INSTRUCTIONS TO SUBSTITUTE

1. Complete on a daily basis days and/or hours worked in "Regular Hours" column and obtain signature from authorized person. The name of the employee for whom you substituted is required.
2. Your signature confirms that the information you provided on this timesheet is accurate.
3. Submit your timesheet to the teacher, principal or site secretary **by the 10th of the month** to ensure payment. (When the 10th occurs on Saturday or Sunday, the preceding Friday is the cut-off date.)

SUBSTITUTE SIGNATURE _____ ***DATE*** _____

PAY PERIOD FROM_____TO_____

				FOR OFFICE USE ONLY				
DAY	**TIME IN**	**TIME OUT**	**REGULAR HOURS**	**OVERTIME HOURS**	**TOTAL HOURS**	**AUTHORIZING SIGNATURE**	**CLASS RM #**	**NAME OF EMPLOYEE FOR WHOM YOU SUBSTITUTED**
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL HOURS								

INSTRUCTIONS TO TEACHER/PRINCIPAL/SITE SECRETARY

1. Before affixing your signature, ensure that the substitute's timesheet is completed thoroughly and accurately. Reconcile any discrepancies. The name of the employee substituted for is required.
2. Your signature in the "For Office Use Only" column confirms that the information on the timesheet is accurate.
3. Follow your department's instructions for payroll processing.

DEPARTMENT/DIVISION SIGNATURE _____ ***DATE*** _____

Fund	Resource	Yr	Goal	Function	Object	School	Local	Manager

HOURS:

TOTAL HOURS:

5/29/2008