

Summerville Union High School District



NAME: _____ POSITION: _____

CLASSIFIED CERTIFICATED SUBSTITUTE PAGE _____ OF _____

	← list actual in and outs →							TOTAL HOURS	OFFICE USE ONLY		EXPLANATION
	Date	In	Out	In	Out	In	Out		REG/ EXP	**OT HOURS	
MON											
TUE											
WED											
THU											
FRI											
SAT/SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT/SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT/SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT/SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT/SUN											
PAY PERIOD TOTALS											

I CERTIFY THIS TO BE AN ACCURATE RECORD OF TIME WORKED.

Employee signature: _____ Date: _____

I CERTIFY THAT I HAVE AUDITED THIS REPORT AND IT IS AN ACCURATE RECORD OF TIME WORKED. I REQUEST PAYMENT TO BE MADE TO THE ABOVE EMPLOYEE.

Supervisor signature: _____ Date: _____

For District Office Use Only:

Regular hrs \$ EXP hrs \$ OT hrs \$