

PUSD Classified Substitute Timesheet

Due in the payroll office no later than the 11th of the month

Classified substitute time sheets must be submitted upon completion of the assignment or, if a long-term position, by the 11th of the month, whether the assignment is one day, several days, a week, or longer. You may print this form prior to submitting. Email this time sheet to the Principal's Secretary or Administrative Assistant at the site you just completed the assignment at, for site approval. They will submit the completed time sheet to Payroll. You can request a copy of the signed timesheet for your records as well.

Name: _____ Employee #: _____

Payroll Period: _____ 11, 20____ to _____ 10, 20____ Phone No.: _____
(month) (month)

Signature: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____				Approval: _____		Date: _____

Employee Email: _____ Date: _____ **TOTAL HOURS**

Principal's Secretary/Administrative Assistant: Please review entries and forward to Principal/Department Head for final approval.
Principal/Department Head: For any Classified Payroll questions, call Richard Garcia at x2310 or email at rgarcia@pittsburgusd.net