

**\*\*PLEASE PRINT ON GOLD**

## LAS VIRGENES UNIFIED SCHOOL DISTRICT SUBSTITUTE TEACHER TIME RECORD

Name \_\_\_\_\_ SSN# XXX-XX-\_\_\_\_\_ Months \_\_\_\_\_ - \_\_\_\_\_ 20  
PLEASE PRINT LAST FOUR DIGITS

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
"COMPLETE FOR CHANGE ONLY"

Email \_\_\_\_\_

Record hours worked from the 26th day of the previous month to and including the 25th of the current month.

**NOTE:** IT IS THE RESPONSIBILITY OF THE SUBSTITUTE TO SEE THAT THIS RECORD IS IN THE PAYROLL DEPARTMENT ON OR BEFORE THE 25TH OF THE MONTH OR THE LAST WORK DAY PRIOR TO THE 25TH.

**Please make sure the time record is signed. IMPORTANT** - Pay warrants will be issued on the 10th of the following month.

Date	School	Substituted for:	(L)ong Term (S)hort Term	(F)ull day (H)alf day	AESOP Confirm #	ABSENCE REASON or SB SIMS Code	Approved by: Principal's Signature

Substitute Teacher's Signature \_\_\_\_\_

Rev 12/17

PAYROLL USE ONLY		
PR JOB# _____	UNITS PD _____	RATE \$ _____
PR JOB# _____	UNITS PD _____	RATE \$ _____