

## LAS VIRGENES UNIFIED SCHOOL DISTRICT CLASSIFIED SUBSTITUTE HOURLY TIME REPORT

<b>LAST</b>	<b>FIRST</b>	X X X - X X -
(PLEASE PRINT NAME)		<b>LAST 4 DIGITS OF SS# or EID #</b>
<b>CLASSIFICATION</b>	<b>LOCATION</b>	<b>EMPLOYEE SIGNATURE</b>
<b>ACCT#</b> .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .		
<b>DATE</b>	<b>SUPERVISOR/DEPT. HEAD SIGNATURE</b>	

**PLEASE NOTE: THIS TIME SHEET WILL BE RETURNED UNPAID IF ANY INFORMATION IS INCOMPLETE.**

MONTH/YEAR —	MONTH/YEAR	<b>EMPLOYEE SUBSTITUTED FOR:</b>
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16	17	18	19	20	21	22	23	24	25	26	
27	28	29	30	31	1	2	3	4	5	6	
									<b><u>TOTAL</u></b>		
7	8	9	10	11	12	13	14	15			

**Record hours from the 16th day of the previous month through the 15th day of the current month.**

**INSTRUCTIONS:**

1. Report to the Supervisor at your Work Site
2. Record hours, half and quarter hours. **PLEASE DO NOT USE MINUTES.**
3. Any hours over 8 Hours in one work day will be considered Overtime.
4. Submit time sheets daily to Supervisor or at End of Assignment.
5. Time sheet to be submitted by Supervisor to Payroll Dept on the first working day after the 15th of the month
6. **Payroll Warrants will be issued on the 10th of the following month.**

<b><u>PAYROLL USE ONLY</u></b>		
JOB# _____	JOB# _____	JOB# _____
POS# _____	POS# _____	POS# _____
TOT HRS _____	TOT HRS _____	TOT HRS _____