

CLASSIFIED SUBTITUTE OR EXTRA DUTY TIMESHEET

(Administrative Assistant to provide PAR/PARS)

| NAME: | | | | | | | | | | | PAY PERIOD: | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---------|--------|---------|---------|---------|--------|---------|--------|----------|-------------------------|-------------------------|--------|--------|-------------------------|-----|--------|----|----|------|------|----|----------------|----|----|----|----|----|----|------------|----|----|-------|--|--|
| Description of Duty 1: | | | | | | | | | | Person for Whom Subbed: | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | | |
| Hours Worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Duty 2: | | | | | | | | | | | Person for Whom Subbed: | | | | | | | | | | | | | | | | | | | | | | | |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | | |
| Hours Worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Duty 3: | | | | | | | | | | | | | | Person for Whom Subbed: | | | | | | | | | | | | | | | | | | | | |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | | |
| Hours Worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Duty 4: | | | | | | | | | | Person for Whom Subbed: | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | | |
| Hours Worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify | the in | format | ion rec | orded | on this | report | is true | and co | orrect t | to the b | est of 1 | my kno | wledge | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee's Signature | | | | | | | | | | | | | | | _ | | | | Date | | | | | | | | • | | | | | | | |
| Supervi | sor's S | ignatu | re | | | | | | | | | | | | | - | | | | Date | | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | BSA U | SE O | NLY | | | | | | | | | | | | | | | | | | | |
| ADJ CODE | | | | # HOURS | | | | | | PAY RATE | | | | | | AMOUNT | | | | | | ACCOUNT NUMBER | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Pay: | | | | | |