



District/Charter: _____

CERTIFICATED SUBSTITUTE TIMESHEET

NAME: _____

MONTH: _____ YEAR: _____

DATE	DAILY ASSIGNMENT	HOURLY ASSIGNMENT	ABSENT HOURS (SLHFA)	SUB INITIALS	TEACHER SUBBED FOR (if applicable)	ACCOUNT/PROGRAM TO BE CHARGED
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						
TOTALS	0.0000	0.0000	0.0000			

I certify that all the information is true and correct to the best of my knowledge.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

VCSBSA USE ONLY					
ADJ CODE	# DAYS	# HOURS	PAY RATE	AMOUNT	ACCOUNT NUMBER
SLHFA Leave Usage (if available)					
Sick Leave Healthy Families Act: _____					

Total Pay: _____