NAME:_____

EMP ID #:_____ Pay Date:_____

TIMESHEET
Classified / Certificated

Date	Duty Performed	Location	Start Time	End Time	Total Hours

Substitutes are paid on Class 1/Step 1 of salary schedule per classification

Total hours worked on timesheet: _____

Substitutes only: Per ACA regulations-Earned sick leave paid as per attached (1 hour for every 30 worked): _____

Total hours to pay: _____

_____
Submitted by : Signature

_____
Approved by : Supervisor Signature