



BUSINESS SERVICES
CERTIFICATED SUBSTITUTE TIMESHEET
 745 Tenth Street, Colusa, CA 95932
 PH: 530-458-7791 FAX: 530-458-4030

Name: _____

Date	Name of absent teacher	Abs Rsn	Days	Period	Budget Code	Approved

Absence Reason: 1- Illness 2- PN/No Tell 3- Bereavement 4- Unexcused Absence 5- School Business 6- Jury Duty
 CUSD pays 1 hour of sick leave for every 30 hours worked
 \$140 Daily Rate/\$23.33 Hourly Rate

Substitute Signature: _____

RS-SC-BR	PSUEDO CODE	DAYS	PDS
0000-100-0000	PSSUB		
0000-200-0000	MSSUB		
0000-300-0000	HSSUB		
3010-100-1000	PSPI		
3010-200-2000	MSPI		
	DPI		