



NAME/ID#: _____

PAY DATE: _____

BUSINESS SERVICES

CERTIFICATED SUBSTITUTE TIMESHEET - Turn in monthly

Date	Name of absent teacher	Abs Rsn	Days	Period	Budget Code

Absence Reason: 1- Illness 2- PN/No Tell 3- Bereavement 4- Unexcused Absence 5- School Business 6- Jury Duty

CUSD pays 1 hour (1/6 Daily Rate) of sick leave for every 30 hours worked

\$200- Daily Rate

Substitute Signature: _____ Site Admin Approval: _____