Scott Valley Unified School District

Certificated Substitute Time Sheet

Name _____
Last First School Year

Month / Day	Description of Work				Site							
	Name of Teacher for whom you are subbing	# Periods	Half Day	Full Day	EHS 001	SVJH 002	SRHS 003	SV CDS 007	EES 010	EE CDS 011	FJES 020	Authorized Signature
					001	002	003	007	010	011	020	
Totals												Totals

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Signed time sheets are due to the district office on the first work day of the month to be paid by the 10th of the month for time worked in the prior month. EXAMPLE: September time sheets are due on October 1st to be paid on October 10th. It is the Employee's responsibility to ensure that the timesheets are turned in in a timely manner. Late timesheets will be paid on the next regular payroll. (Please refer to the time sheet payment schedule for specifice dates)

Employee Signiture Date

Administrator Signature (if not signed above) Date

QCC Entry_____