

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

CERTIFICATED **SUBSTITUTE** TIMESHEET

Timesheets are to be signed by your supervisor and turned into the front office on the last day of the month.

Name: _____

Address: _____

Phone: _____

Month/Year: _____

Site/Dept: Bidwell Metteer Jackson Heights

Vista ELOP District Office

Work Performed: _____

Date	In	Out	In	Out	Reason	Total Hours Worked
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Date	In	Out	In	Out	Reason	Total Hours Worked
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL DAYS FOR THE MONTH						

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

For Office Use Only				
Add-On	Hours	Rate	Total	Account Code
Add-On	Hours	Rate	Total	Account Code
Total Paid: _____				EE ID # _____

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