

CLASSIFIED CASUAL EMPLOYEE TIMESHEET Site _____

Payroll Period From _____ to _____

Substitute: Name _____

ID # _____
(required)

check one	
<input type="checkbox"/> Campus Security	<input type="checkbox"/> Sub Instr Asst-SAI
<input type="checkbox"/> Sub Clerical	<input type="checkbox"/> Sub Instr Asst-BS,Med Frag
<input type="checkbox"/> Sub Custodian	<input type="checkbox"/> Student Helper
<input type="checkbox"/> Sub Food Serv	<input type="checkbox"/> Other _____

Date Signature of Substitute Name of Absent Emp/Reason
(school site MUST fill in) Time In / Time Out Total Hours Paid
(DO NOT include lunch)

21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Approved by _____ administrator date _____

Total Hours _____

Sick leave is available for substitutes.
Write the word "ILL" in Total Hours Paid
on the day you are using sick leave.
View your sick leave bank on the EIS
system at employee.ocde.us

Acct # _____

Payroll Use Only