District Receipt

SCOTT VALLEY UNIFIED SCHOOL DISTRICT

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School Year

CERTIFICATED SUBSTITUTE TIME SHEET

Name____
Last First Site

MONTH / DAY	DESCRIPTION OF WORK				SITE							
	SUBBING (for whom?)	**CHECK ONE** # Periods	½ Day	Full Day	EHS 001	SVJH 002	SRHS 003	SV CDS 007	EES 010	EES CDS 011	FJES 020	**Authorized Signature**
TOTALS➤												**➤TOTALS**

Signed time sheets are due at the district office on the first work day of the month to be paid on the last day of the month for time worked in the prior month. **EXAMPLE: August time sheets need to be turned in on September 1st to be paid on September 30th**.
It is the **EMPLOYEE'S RESPONSIBILITY** to see that the timesheets are turned in in a timely manner.
Late timesheets will be paid on the next regular payroll.

Employee Signature __________ Date __________ Administrator Signature (if not signed above) __________ Date __________

☐ QSS Recorded