PERRIS UNION HIGH SCHOOL DISTRICT

CERTIFICATED SUBSTITUTE TIME CARD

NAME: _____ **PAY PERIOD STARTS:**___ /____/____ **PAY PERIOD ENDS:**_____/____/____ **EMP #** _____

Please Note: Signed and completed timecards are to be turned in to the Payroll Office by 3:30 PM on the day specified on the District Payroll Schedule. Timecards received after this date are subject to being processed the following month. Please use blue or black ink only. NO Pencil or Red Ink and DO NOT USE white out.

Date	Site Abbreviation	# of Per.	Subbed For	Reason	Description of Work	Funding Source (XX-XXX-XXXX-0-XXXX-XXXX-XXXX)	Sub Finder Job #	Admin. Approval	Payroll Use Only

I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days stated above. I further understand the falsification of district records is grounds for disciplinary action including dismissal.

_____

SUBSTITUTE'S SIGNATURE

District Paid Resource 0000	Requires Other Resource
S-Sick Leave	C-Conference
B-Bereavement	SD-Staff Development
JD-Jury Duty	O-Other Activities
P/N-Personal Nec. (form)	
P/D-Personal Disc (form)	
W/C-Workers Compensation	

Revised: 12/2014