PERRIS UNION HIGH SCHOOL DISTRICT

CLASSIFIED SUBSTITUTE TIME CARD

NAME:					ļ	PAY PERIOD STARTS://		PAY PERIOD ENDS://		EMP#:		
Please	Note: Si					b be turned in to the Payroll Office by 3: sed the following month. Please use blu					received afte	er this date
	Start	Lunch	Lunch	End	Total	Substitute for		Funding Source		Sub Finder	Admin	Payrol
Date	Time	From	То	Time	Hours	(Name/Position)	Site	(XX-XXX-XXXX-0-XXXX-XXXX-XXXX)	Reason	Job#	Approval	Use Onl
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			TOTA	AL HOURS	S							
HEREBY	CERTIFY t	hat I have w	orked for the	e Perris Uni	ion High Sch	hool District on the days and hours stated above.	I further u	nderstand the falsification of district records	is grounds for	disciplinary action	n including dism	issal.
								B -Bereavement				
								JD -Jury Duty				
								O -Other				
								PD -Pers Discretion PN -Pers Necessity				
								S -Sick Leave				
SUBSTITUTE'S SIGNATURE								SB -School Business				
								V -Vacation				
								VA -Vacancy				
								WC -Workers Compensation				