PUSD Classified
Substitute Timesheet

Due in the payroll office no later than the 11th of the month

Classified substitute time sheets <u>must be submitted upon completion of the assignment</u> or, if a long-term position, by the 11th of the month, whether the assignment is one day, several days, a week, or longer. You may print this form prior to submitting. Email this time sheet to the Principal's Secretary or Administrative Assistant at the site you just completed the assignment at, for site approval. They will submit the completed time sheet to Payroll. You can request a copy of the signed timesheet for your records as well.

Name: ____ Employee #: ________________

Payroll Period: _________ 11, 20_____ to _________ 10, 20_____ Phone No.: ___________________
(month) (month)

Signature: ____

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Date	Start Time	End Time	Absent Employee Name	Location	Position/Title	Total Hrs
SACS # ___ - _____ - _____ - _____ - _____ - ___ - ____ - ____				Approval: ______________________		Date: ________

Employee Email: ______________________________ Date: _____________ **TOTAL HOURS** [ ]

Principal's Secretary/Administrative Assistant: Please review entries and forward to Principal/Department Head for final approval.
Principal/Department Head: For any Classified Payroll questions, call Mindi Pierce at x2311 or email at mpierce@pittsburgusd.net