TIME RECORD – CERTIFICATED SUBSTITUTE TEACHER
WILLIAMS UNIFIED SCHOOL DISTRICT

Name (please print) _____ Date _____/_____/_____

Address _____
Street City Zip Code

Date	School Site	Teacher's Name Substituting for	(check one only)		Program Code/Reason
			Half Day	Full Day	

Month	10TH PAY DAY	TIMESHEET DUE
July	7/10/25	6/30/25
August	8/08/25	7/25/25
September	9/10/25	8/27/25
October	10/10/25	9/26/25
November	11/10/25	10/27/25
December	12/10/25	11/24/25
January	1/09/26	12/22/25
February	2/10/26	1/27/26
March	3/10/26	2/24/26
April	4/10/26	3/26/26
May	5/08/26	4/24/26
June	6/10/26 6/30/26 EOM	5/27/26 6/15/26

I certify that the above figures are correct.

_____ _____

Signature Substitute Teacher ***Date*** ***Signature Site Principal*** ***Date***

- ***Substitute Teachers are paid based on a 7 hour work day. Current pay rate is $200.00/day. Substitute Teachers new to the District must submit their sub packet with timesheet.***

- ***Site Instructions: check that date, site, and teacher's name are included before sending to payroll.***