

Classified Supplemental / Substitute Time Sheet

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

Claimant: _____

Month _____

Year _____

PAY PERIOD -- 1st to Last Day of the Month

School: _____

This is to be completed by the employee, approved by the Supervisor or Administrator, and submitted to the Payroll Clerk by the **LAST WORKING DAY** of the month. **Checks are mailed on the 10th of the following month.**

DATE	HRS NORMAL	HRS. OT	SUB FOR	ASSIGNMENT	BUDGET CODE

TOTAL HRS NORMAL: _____ @ _____ PER HOUR = \$ _____

TOTAL HRS OT: _____ @ _____ PER HOUR = \$ _____

TOTAL FOR PAY WARRANT: \$ _____

Employee Signature _____ Date _____ Supervisor / Admin Approval _____ Date _____

SSN _____ Budget Manager's Signature _____ Date _____

Revised - 01.27.2012_bd