

# SONORA UNION HIGH SCHOOL DISTRICT

CLASSIFIED     CERTIFICATED

CONTRACT EMPLOYEE     SUBSTITUTE EMPLOYEE

## \*\*\*ADDITIONAL ASSIGNMENT / SUBSTITUTE TIMESHEET\*\*\*

Month/Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### INSTRUCTIONS:

Please complete this timesheet for a one month period. Timesheets are due no later than the 5<sup>th</sup> of the following month. Failure to complete timesheet or submit by deadline may cause a delay in payment.

**DO NOT INCLUDE ANY CONTRACT HOURS, THIS TIMESHEET IS FOR ADDITIONAL ASSIGNMENTS OR SUBSTITUTE HOURS ONLY.**

DATE	SITE	ASSIGNMENT	TIME IN	TIME OUT	TOTAL HOURS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>TOTAL HRS</b>					

DEPARTMENT HEAD/SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PAYROLL DEPARTMENT USE ONLY

EARN TYPE	ACCOUNT NUMBER	HOURS	RATE	TOTAL