**SEA CERTIFICATED / CLASSIFIED SUBSTITUTE SERVICES TIMESHEET**

**District Mail:**
Payroll – MS 33-344

**NAME:** __________________________

**EMPLOYEE ID:** ____________________

**SIGNATURE:** ______________________

**PLEASE CHECK ONE**

**CERTIFICATED:** Report time in 4 or 8 hours increments [ ]

**CLASSIFIED:** Report actual hours worked (do not include lunch) [ ]

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE (mm/dd/yy)</th>
<th>CONFIRMATION #</th>
<th>ASSIGNMENT / ABSENT EMPLOYEE</th>
<th>LOCATION</th>
<th>PAID HOURS</th>
<th>PAID SICK LEAVE HOURS</th>
<th>SIGNATURE AUTHORIZATION</th>
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**TOTAL PAID HOURS**

**TOTAL PAID SICK HOURS**

Please remember to send your timesheet in on a weekly basis – **every Friday**. Incomplete and / or late timesheets may result in a month’s delay of payment. Authorized signed original timesheets are required for payment. Sick Leave hours require School/Dept Cost Center for Paid Sick Leave. Do not fax or send in a copy. Remember to keep a copy for yourself.

**Shaded areas for office use only** - see other side for instructions
SEA CERTIFICATED / CLASSIFIED SUBSTITUTE SERVICES TIMESHEET

INSTRUCTIONS

COMPLETE THE FORM

NAME: List your full name

EMPLOYEE ID: enter your Employee ID - listed on your pay warrant

SIGN YOUR TIMESHEET

CHECK APPROPRIATE BOX for your substitute classification - CERTIFICATED or CLASSIFIED

DATE enter date - Use MM/DD/YYYY

JOB CONFIRMATION List the 9 Digit number assigned by Aesop

ASSIGNMENT / ABSENT EMPLOYEE enter the name of the absent employee or type of assignment such as open position or extra help

LOCATION enter the school/ department name

PAID HOURS 4 or 8 hours for Certificated Subs – Actual Hours Worked for Parapro & Clerical Subs (this should not include lunch)

PAID SICK LEAVE HOURS Write in the hours you wish to be paid when you want to use sick leave. Payroll will only use what you have available. No signature required.

- If you have a pre-arranged appointment you would write under the confirmation # “pre-arranged”
- If you wake up ill, you would write under the confirmation # “unforeseen illness”
- If you accepted a job and then cancelled out of the assignment due to illness you can use that confirmation #

CALCULATE AND ENTER TOTAL HOURS WORKED IN THE 1ST COLUMN AND TOTAL SICK HOURS IN THE 2ND COLUMN

AUTHORIZATION school/department signature is required to authorize hours at the end of your work day

NOTE:
- You should make a copy of your timesheet for your records and
- Submit ORIGINAL timesheet to Payroll Services each Friday

TIP REGARDING PAID SICK HOURS
Review your last pay warrant to locate available accrued sick leave hours. Substitute employees accrue one hour of Sick Leave for every 40 hours worked.