



# SEA CERTIFICATED / CLASSIFIED SUBSTITUTE SERVICES TIMESHEET

District Mail:  
Payroll – MS 33-344

Mailing Address:  
Seattle Public Schools  
Payroll MS 33-344  
PO Box 34165  
Seattle, WA 98124-1165

NAME: \_\_\_\_\_  
Last Name, First Name, Middle Initial

EMPLOYEE ID: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE CHECK ONE**

**CERTIFICATED:** Report time as either 3 1/2 or 7 hours increments

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

DAY	DATE (mm/dd/yy)	CONFIRMATION #	ASSIGNMENT / ABSENT EMPLOYEE	LOCATION	PAID HOURS	PAID SICK LEAVE HOURS	SIGNATURE AUTHORIZATION
M							
T							
W							
TH							
F							
					<b>TOTAL PAID HOURS</b>		
					<b>TOTAL PAID SICK HOURS</b>		

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** 3 1/2 or 7 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 1<sup>ST</sup> COLUMN AND TOTAL SICK HOURS IN THE 2<sup>ND</sup> 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.