

PERRIS UNION HIGH SCHOOL DISTRICT
Certificated Sub Time Card

Name: _____

Pay Period Starts: ___ / ___ / ___

Employee #: _____
 Pay Period Ends: ___ / ___ / ___

Please Note: Signed and completed time cards are to be turned in to the Payroll Office by 4:30 PM on the day specified on the District Payroll Schedule. Time cards received after this date are subject to being processed the following month. Please use blue or black ink only. **NO Pencil or Red ink and DO NOT USE white out.**

| Employee Fills Out This Portion | | | Office Use Only | | | | | | | |
|---------------------------------|-------------------|------------------|---------------------------|--------------|---------------------|---|------------|-----------|----------------|------------------|
| Date | Site Abbreviation | Substituted For: | Frontline Confirmation #: | # of Periods | Description of Work | Funding Source (xx-xxx-xxxx-0-xxxx-xxxx-xxxx) | Leave Code | Long Term | Admin Approval | Payroll Use Only |
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I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days stated above. I further understand the falsification of district records is grounds for disciplinary action including Dismissal.

Substitute Signature

| District Paid Resource 0000 | Requires Other Resource |
|----------------------------------|-------------------------|
| S - Sick | SB - Conference |
| B - Bereavement | SD - Staff Development |
| JD - Jury Duty | O - Other Activities |
| P/N - Personal Necessity (form) | VA - Vacancy |
| P/D - Personal Discretion (form) | |
| W/C - Workers Comp. | |