

Marin County Office of Education

TIMESHEET FOR CLASSIFIED SUBSTITUTE AND EXTRA HIRE EMPLOYEES

Employee Name _____ Job Title _____ Month Year _____

Employee ID No. _____ Work Site _____

Authorized Hours - Start _____ to End _____ = _____
A.M. P.M. A.M. P.M.
 Time Time Time Time Total Hours

Any additional working hours must have prior authorization by Program Manager. Complete Timesheet daily and submit signed Timesheet to your Program Manager on the completion of the month's assignment or no later than the last working day of the month.

Date of The Month Worked	Authorized Hours Worked						Total Hours Worked	SubFinder Number	Name of Person Substituted For/ Explanation
	Start Time	End Time	Start Time	End Time	Start Time	End Time			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
							TOTAL HOURS FOR MONTH		

I hereby certify that this is a true record for the month stated.

 Employee Signature Date _____ APPROVED: _____ Date _____
 Program Manager/ Supervisor

Fund	Resource	P Y	Object	Sub Obj	Goal	Function	Site	ACT	GRP	PCT %
BUDGET CLASSIFICATION										

Approval _____

PAYROLL USE ONLY				
	Hours	Rate	Amount	Date Paid
Regular			\$	
Overtime			\$	
GROSS PAY			\$	