

**CERTIFICATED CONTRACT SUBSTITUTE TEACHER TIMESHEET**  
**Fontana Unified School District**

Substitute: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security No.: XXX-XX-\_\_\_\_\_  
 (last 4 digits only)

(1) This timesheet will be used for **certificated contract substitute teachers**. (2) Each substitute workday requires the signature of the respective principal. (3) If the substitute was required because of a conference, roving sub, meeting coverage, inservice, a copy of **approved Certificated Human Resources Substitute Request Form** is to be attached to the timesheet. (4) The school site is to provide the funding source to pay for each day of substitute work. (5) The substitute is responsible for submittal of their timesheet based on the payroll submittal schedule available at [www.fusd.net/district/business/payroll](http://www.fusd.net/district/business/payroll).

Date	School Site	Substitute For	Reason For Substitute	Time		Total Hours	Funding Source	Principal's Signature
				Arrive	Depart			
1								
2								
3								
4								
5								
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**APPROVAL(S) From these Directors may or may not be necessary.**

Director, Categorical Programs		Director, Early Education	
Director, Professional Development		Director, Special Education	
Director, EL Services		Director, Career Tech. Ed.	

**DEPARTMENT OF FISCAL SERVICES USE ONLY**

Fund	Resource	Project/Year	Goal	Function	Object	Site/Mgmt	Days/Hours	Rate	TOTAL

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