

CERTIFICATED NON-CONTRACT SUBSTITUTE TEACHER TIMESHEET

Fontana Unified School District

PRINT NAME: _____
LAST FIRST

Pay Period Ending: _____

Signature: _____

Social Security No.: **XXX-XX-** _____

(1) This timesheet will be used for **certificated NON- contract substitute teachers**. (2) Each substitute workday requires the signature of the respective principal. (3) The school site is to provide the funding source to pay for each day of substitute work. (4) The substitute is the responsible for submittal of their timesheet based on the payroll submittal schedule available at www.fusd.net/district/business/payroll.

Date	School Site	Substitute For	Reason For Substitute	Arrival Time	Departure Time	Circle One: Half Day (3 hrs or less) Full Day (over 3 hrs)		Funding Source	Administrator's Signature
16						1/2 Day	Full Day		
17						1/2 Day	Full Day		
18						1/2 Day	Full Day		
19						1/2 Day	Full Day		
20						1/2 Day	Full Day		
21						1/2 Day	Full Day		
22						1/2 Day	Full Day		
23						1/2 Day	Full Day		
24						1/2 Day	Full Day		
25						1/2 Day	Full Day		
26						1/2 Day	Full Day		
27						1/2 Day	Full Day		
28						1/2 Day	Full Day		
29						1/2 Day	Full Day		
30						1/2 Day	Full Day		
31						1/2 Day	Full Day		
1						1/2 Day	Full Day		
2						1/2 Day	Full Day		
3						1/2 Day	Full Day		
4						1/2 Day	Full Day		
5						1/2 Day	Full Day		
6						1/2 Day	Full Day		
7						1/2 Day	Full Day		
8						1/2 Day	Full Day		
9						1/2 Day	Full Day		
10						1/2 Day	Full Day		
11						1/2 Day	Full Day		
12						1/2 Day	Full Day		
13						1/2 Day	Full Day		
14						1/2 Day	Full Day		
15						1/2 Day	Full Day		

TOTAL DAYS: _____

DEPARTMENT OF FISCAL SERVICES USE ONLY

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