

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

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

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

Social Security No.: xxx-xx-  
 (last 4 digits only)

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

(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 the **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 on the back of this form.

| Date | School Site | Substitute For | Reason For Substitute | Time   |        | Total Hours | Funding Source | Principal's Signature |
|------|-------------|----------------|-----------------------|--------|--------|-------------|----------------|-----------------------|
|      |             |                |                       | Arrive | Depart |             |                |                       |
| 1    |             |                |                       |        |        |             |                |                       |
| 2    |             |                |                       |        |        |             |                |                       |
| 3    |             |                |                       |        |        |             |                |                       |
| 4    |             |                |                       |        |        |             |                |                       |
| 5    |             |                |                       |        |        |             |                |                       |
| 6    |             |                |                       |        |        |             |                |                       |
| 7    |             |                |                       |        |        |             |                |                       |
| 8    |             |                |                       |        |        |             |                |                       |
| 9    |             |                |                       |        |        |             |                |                       |
| 10   |             |                |                       |        |        |             |                |                       |
| 11   |             |                |                       |        |        |             |                |                       |
| 12   |             |                |                       |        |        |             |                |                       |
| 13   |             |                |                       |        |        |             |                |                       |
| 14   |             |                |                       |        |        |             |                |                       |
| 15   |             |                |                       |        |        |             |                |                       |
| 16   |             |                |                       |        |        |             |                |                       |
| 17   |             |                |                       |        |        |             |                |                       |
| 18   |             |                |                       |        |        |             |                |                       |
| 19   |             |                |                       |        |        |             |                |                       |
| 20   |             |                |                       |        |        |             |                |                       |
| 21   |             |                |                       |        |        |             |                |                       |
| 22   |             |                |                       |        |        |             |                |                       |
| 23   |             |                |                       |        |        |             |                |                       |
| 24   |             |                |                       |        |        |             |                |                       |
| 25   |             |                |                       |        |        |             |                |                       |
| 26   |             |                |                       |        |        |             |                |                       |
| 27   |             |                |                       |        |        |             |                |                       |
| 28   |             |                |                       |        |        |             |                |                       |
| 29   |             |                |                       |        |        |             |                |                       |
| 30   |             |                |                       |        |        |             |                |                       |
| 31   |             |                |                       |        |        |             |                |                       |

|   |  |                            |  |
|---|--|----------------------------|--|
| <b>APPROVAL(S) From these directors may or may not be necessary. See back of this form.</b> |  |                            |  |
| Director Categorical Programs   |  | Director Early Education   |  |
| Director Staff 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/Hrs | TOTALS |
|------|----------|--------------|------|----------|--------|------|------|----------|--------|
|      |          |              |      |          |        |      |      |          |        |
|      |          |              |      |          |        |      |      |          |        |
|      |          |              |      |          |        |      |      |          |        |
|      |          |              |      |          |        |      |      |          |        |