

CERTIFICATED NON-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 non-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			
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
1								
2								
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7								
8								
9								
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11								
12								
13								
14								
15								

APPROVAL(S) From these directors may or may not be necessary. See back of this form.			
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