

SOUTH COAST ESD SUBSTITUTE TIMESHEET

Month/Month Year

Name (Please Print)

Social Security #

Position

Important Note: This form must be returned to the ESD on the 16th of each month.
If you have not worked for the ESD before, you must come to the ESD office to complete an I-9 and a W-4.

Date	Begin Time	End Time	Lunch Start/End	Number of Hours Worked	Subbed For	Location	(For Office Use Only)				
							Budget Number			district #	
							FUND	FUNC	OBJ	LOC	AREA
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Substitute's Signature

Date

Phone #

Program Administrator's Signature

FOR FISCAL USE ONLY:

101.1220.0122.000.320 HRS: _____ 101.1220.0124.000.320 HRS: _____

263.1260.0122 HRS: _____ 263.1260.0124 HRS: _____

101.1220.0121.000.320 Total HRS: _____

TOTAL PAY: _____

263.1260.0121 Total HRS: _____

TOTAL PAY: _____

OTHER:

OTHER: