



"Our Children, Learning Today, Leading Tomorrow"

PASADENA UNIFIED SCHOOL DISTRICT

BUSINESS SERVICES

CERTIFICATED HOURLY

PAY PERIOD: _____

EMPLOYEE NAME: _____ EID / SSN: _____

JOB TITLE: **ELEMENTARY TEACHER (INTERNAL SUB)** WORK LOC: _____

INSTRUCTIONS: All information MUST be completed in **BLUE INK** and submitted to the payroll office with required signatures on the assigned DUE DATE. Refer to Payroll Schedule for timesheet DUE DATE. *Incomplete timesheets will be returned to the timekeeper resulting in late payment.*

Fund	Resource	Goal	Function	Object	Location	PR Number
01.0	00000.0	11100	10000	1160	0000179	99999

RATE:

DATE	WORK HOURS START	WORK HOURS END	Number of Students Received	Absent Teacher's Name & Total Students	Total Hours (Students Received Divided by Total Students of Absent Teacher)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
VERIFICATION INITIALS (TIMEKEEPER)				TOTAL	

WHOLE DAY COVERAGE EXAMPLE:
 Students received = 6
 Total students of absent teacher = 23
 $6/23 = \underline{0.26}$

PARTIAL DAY COVERAGE EXAMPLE:
 Students received = 6
 Total students of absent teacher = 23
 Total hours covered = 2
 $6/23 = 0.26$
 $0.26/6 = 0.04$
 $0.04 * 2 = \underline{0.08}$

OFFICE USE
 PC NUMBER: _____

Supervisor/Administrator PRINTED NAME _____ Supervisor/Administrator SIGNATURE _____ Date _____

EMPLOYEE SIGNATURE: _____ DATE: _____ Rev.12/5/18