



ADELANTO ELEMENTARY SCHOOL DISTRICT CERTIFICATED SUBSTITUTE'S TIME REPORT

Full Name: _____

Last 4 digits of SSN: _____

Cycle: _____

Site	Date	Substituted For:	Reason/Description	Job Number	Funding Source	Full day (1) or Half Day (1/2)	# of hours (For Sat. school only)	Approved By
TOTALS:								

EMPLOYEE'S SIGNATURE: _____ DATE: _____

Cycle	Month	Pay period	Date Due to District Office	Pay Date
7	July	7/1-7/17	7/20/2020	8/10/2020
8	August	7/17-8/19	8/20/2020	9/9/2019
9	September	8/20-9/18	9/21/2020	10/9/2019
10	October	9/19-10/19	10/20/2020	11/9/2020
11	November	10/20-11/19	11/20/2020	12/9/2020
12	December	11/20-12/17	12/18/2020	1/11/2021
01	January	12/18/20-1/19/21	1/20/2021	2/9/2021
02	February	1/20-2/17	2/18/2021	3/9/2021
03	March	2/18-3/19	3/22/2021	4/9/2021
04	April	3/20-4/19	4/20/2021	5/10/2021
05	May	4/20-5/19	5/20/2021	6/9/2021
06	June	5/20-6/21	6/22/2021	7/9/2021
06-S	July 15th Pay	6/22-6/30	7/1/2021	7/15/2021

By signing this form, I agree that all information is true and correct to the best of my knowledge. I also acknowledge that if my time report is not turned in by the due date, I will not receive payment until the next pay period.

Half day is defined as 3 hours and 29 minutes or less and full day is 3 hours and 30 minutes or more.

The amount you will be paid is determined by the number of hours worked, as recorded on the sub system.

DISTRICT OFFICE USE ONLY:

FUNDING	UNITS	D/H	RATE	TOTAL	FUNDING	UNITS	D/H	RATE	TOTAL

DISTRICT ADMINISTRATOR'S SIGNATURE: _____

DATE: _____