

**PERRIS UNION HIGH SCHOOL DISTRICT**

**Certificated Sub Time Card**

**Employee #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Pay Period Starts:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pay Period Ends:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Note: Signed and completed time cards are to be turned in to the Payroll Office by 3:30 PM on the day specified on the District Payroll Schedule. Time cards received after this date are subject to being processed the following month. Please use **blue or black ink only**. **NO Pencil or Red ink and DO NOT USE white out.**

**Employee Fills Out This Portion**

**Office Use Only**

Date	Site <small>Abbreviation</small>	# of Periods	Subbed for:	FrontLine Confirmation #:	Description of Work	Office Use Only				
						Funding Source <small>(xx-xxx-xxxx-0-xxxx-xxxx-xxxx)</small>	Leave Code	Long Term	Admin Approval	Payroll Use Only

**I HEREBY CERTIFY** that I have worked for the Perris Union High School District on the days stated above. I further understand the falsification of district records is grounds for disciplinary action including **Dismissal**.

\_\_\_\_\_

**Substitute Signature**

District Paid Resource 0000	Requires Other Resource
S - Sick	C - Conference
B - Bearavement	SD - Staff Development
JD - Jury Duty	O - Other Activities
P/N - Personal Necessity (form)	
P/D - Personal Discretion (form)	
W/C - Workers Comp.	