

**Del Norte County Unified School District  
TIME REPORT - CERTIFICATED SUBSTITUTE**

Employee Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Month of \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

\* If this is your first month working all start up paperwork must be on file with Human Resources in order to get paid.

Date	% of Day or Hours	Reason/Budget #	Substituted For? / Hours For?	Approval/Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Days \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Budget \_\_\_\_\_

Days \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Budget \_\_\_\_\_

Days \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Budget \_\_\_\_\_

Days \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Budget \_\_\_\_\_

Hrs. \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Budget \_\_\_\_\_

Hrs. \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Budget \_\_\_\_\_

**Total Days = \_\_\_\_\_ Total Hours = \_\_\_\_\_ Total \$ = \_\_\_\_\_**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Employee)