

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

Employee Name _____ 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 be paid.

Date	# of Hrs	Work Classification	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					

Hrs. _____ @ _____ = _____ Budget _____
Hrs. _____ @ _____ = _____ Budget _____
Hrs. _____ @ _____ = _____ Budget _____
Hrs. _____ @ _____ = _____ Budget _____
Hrs. _____ @ _____ = _____ Budget _____
Hrs. _____ @ _____ = _____ Budget _____

Total Hours = _____ **Total \$** = _____

Signed _____
(Employee)

Date _____