

CERTIFICATED EMPLOYEE
 Orange County Department of Education
SUBSTITUTE TIMESHEET

PAYROLL CYCLE:	
FROM DATE:	
TO DATE:	

NAME: _____

ID#: _____

BUDGET#: _____

SICK LEAVE*	DATE	BEGINNING TIME	ENDING TIME	ACTUAL HOURS WORKED	CONFIRMATION #	LOCATION	SUBSTITUTED FOR:	EMPLOYEE SIGNATURE
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*Substitute and Short-Term Employees: Check Sick Leave Box if requesting to use accumulated paid sick leave per AB 1522. An AB 1522 Employee Absence Request Form - Substitute/Short Term Employee must also be submitted to Human Resources.

TOTAL DAYS _____ X _____ = _____

TOTAL HOURS _____ X _____ = _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____