Orange County Department of Education

Payroll Department

Substitute Timesheet

Instructions:	Employee to fill out timesheet (except areas marked in GREY) and sign. Approver then fills out GREY areas, signs, and submits. Time should be in DECIMAL format (i.e. 15min = 0.25). Certificated timesheets are for the 1st to the end of the month and are paid the last business of the following month. Classified timesheets are for the 15th to the 14th and are paid on the 10th of the following month.
Due Date:	Certificated timesheets 1st to end of the month are due to Payroll by the 3rd Classified timesheets 15th to 14th are due to Payroll by the 17th

Please check ONLY ONE of the following:

- ☐ **Classified up to 8 hours** ***(Hourly)***
- ☐ **Classified Overtime** ***(Hourly)***
- ☐ **Classified AB1522 Sick Leave**
- ☐ **Certificated** ***(Daily)***
- ☐ **Certificated AB1522 Sick Leave**
- ☐ **Certificated** ***(Daily)*** **- "Paraeducator on Substitute Teaching Assignment"** ***(Follow Due Dates for Classified)***

Approver Printed Name	Approver Signature	Date

Budget #1 (with percentage)	Budget #2 (with percentage)	Budget #3 (with percentage)
Budget #1 (with percentage)	**Budget #5 (with percentage)**	**Budget #6 (with percentage)**

Employee Name (Last, First): _____ **ID#** _____

Date (MM/DD/YY)	Start Time	End Time	Total Hours/Days	*AB1522 Sick Leave*	Position Title	Substituted For	Frontline Confirmation (if applicable)	Program / Location	Work Performed
		Timesheet Total: (Decimal format)							

If requesting AB1522 hours, create a separate timesheet with AB1522 hours only and submit with AB1522 form to Human Resources subhelpdesk@ocde.us / (714)-966-4029

Substitute Resources found here: https://ocde.us/Administrative/HR/Pages/AESOP.aspx

Employee Signature: _____

(by signing above, I certify that the above information is true and correct)

Signature Date: _____

Payroll Use Only