



Colusa County Office of Education Educational Services

Timesheets are due by the 14th of each month.

Substitute Teacher Timesheet

SUBSTITUTE'S NAME: _____

EMPLOYEE #: _____

TEACHER SUBSTITUED FOR: _____

TEACHER SUBSTITUED FOR: _____

DATE(S): _____

NUMBER OF DAYS: _____

SUBSTITUTE'S SIGNATURE

DATE

DIRECTIONS - PLEASE FOLLOW EXACTLY!

Complete a separate timesheet for each teacher for whom you substitute for. Return the timesheet(s) to the Program Manager, Stephanie Myers at Special Education, 499 Marguerite Street, Suite A, Williams, CA 95987, (530)473-1350 x10803.

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OFFICIAL USE ONLY BELOW THIS POINT

	NUMBER	x	DAILY RATE	=	TOTAL AMT
NUMBER OF DAYS WORKED:	_____		\$140.00		_____

BUDGET CODE:

%	FD	RESC	YR	OBJ	GOAL	FUNC	SCH	BDRS	TYPE	AMOUNT
	XX	XXXX	X	XXX	XXXX	XXXX	XXX	XXXX	XXXX	

100% _____

TOTAL _____

PROGRAM MANAGER SIGNATURE

DATE