



Colusa County Office of Education

Special Education Department

Substitute Teacher Timesheet

SUBSTITUTES NAME: _____ Employee ID #: _____

TEACHER SUBSTITUTED FOR: _____

LOCATION: _____

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. Submit this timesheet to the Special Ed Dept. located at the Village by the 14th of each month, in order to be paid in a timely manner.

BELOW THIS POINT IS FOR OFFICIAL USE ONLY:

	NUMBER	x	DAILY RATE	=	TOTAL AMT					
NUMBER OF DAYS WORKED:			\$140.00							
BUDGET CODE:										
	FD	RESC	YR	OBJ	GOAL	FUNC	SCH	BDRS	TYPE	
%	XX	XXXX	X	XXX	XXXX	XXXX	XXX	XXXX	XXXX	AMOUNT
100%	01	6500	0	1120	5760	1120	000	2005	0000	
100%									TOTAL	
PROGRAM MANAGER SIGNATURE										DATE