PERRIS UNION HIGH SCHOOL DISTRICT

Classified Sub Time Card

Name: _____

Emp #: _____

Pay Period Start: ____/____/____

Pay Period End: ____/____/____

Please Note: Signed and completed timecards are to be turned in to the Payroll Office by 4:30 PM on the day specified on the District Payroll Schedule.
Timecards received after this date are subject to being processed the following month. **Please use blue or black ink only. NO Pencil or Red ink and DO NOT USE White out.**

Employee Fills Out This Portion

Date	Start Time	Lunch From	Lunch To	End Time	Total Hours	Site	Substituted For:	FrontLine Confirmation #:	Position Type(Check one) Cleri	Cust	CS	Nutr	Para	Nurse	Office Use Only: Funding Source xx-xxx-xxxx-x-xxxx-xxxx-xxxx	Abs Code	Admin Int.	Payroll Use Only

TOTAL HOURS ____

I HEREBY CERTIFY that I have worked for the **Perris Union High School District** on the days and hours stated above. I further understand the falsification of district records is grounds for disciplinary action including **Dismissal.**

_____

SUBSTITUTE'S SIGNATURE

Position Type	
Cleri	Clerical
Cust	Custodial
CS	Campus Sup.
Nutr	Nutrition Serv.
Para	Paraeducator
Nurse	Lic. Voc. Nurse

Leave Codes	
B	Bereavement
JD	Jury Duty
O	Other
PD	Personal Discretion
PN	Personal Necessity
S	Sick
SB	School Business
V	Vacation
VA	Vacancy
W/C	Workers Comp.

Updated 09/10/19