

CERTIFICATION OF TIME

PAYROLL FORM

Name of Employee _____

Employee Number _____

WORK ASSIGNMENT: Please check (✓) all that apply: Professional Development Extended School Services Home Hospital Home Instruction (Expelled Students)
 Athletic Coach Academic Coach Other _____

SUBSTITUTE: Teacher Instructional Assistant Secretary

DATE	START TIME	ENDING TIME	CLASSIFIED NUMBER OF HOURS WORKED	ALL SUBSTITUTES: LIST LAST NAME FOR WHOM SUBBING AND SCHOOL FOR EACH DAY	SUBSTITUTES ONLY: PRINCIPAL/ DESIGNEE MUST INITIAL EACH DAY	ORG CODE	OBJECT CODE	PROJECT CODE	PAY RATE
	AM PM (Circle One)	AM PM (Circle One)	CERTIFIED NUMBER OF DAYS WORKED						

_____ Total Hours Worked (Instructional Assistant) _____ Total Days Worked (Substitute Teacher) Coaching Duties Completed: _____ Sept. 15
 _____ Dec. 15
 _____ Mar. 15
 _____ May. 15

Employee Signature

Program Supervisor