

**SANTA CLARA COUNTY OFFICE OF EDUCATION  
INTERNAL BUSINESS SERVICES - PAYROLL SERVICES  
HOURLY / DAILY ATTENDANCE REPORT  
SUBSTITUTE EMPLOYEE**

**Entire section must be completed to process**

NAME	_____			
SSN / EXT. REF. #	_____		CE	CL
BUDGET NUMBER	_____		SITE / PROGRAM	_____
POSITION	_____		BEGINNING MONTH	_____
RESOURCE	Number _____		ENDING MONTH	_____
	Name _____			

Day	Type of Service	Hours Worked	Days Worked *	Pay Overtime	Bank Overtime
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Day	Type of Service	Hours Worked	Days Worked *	Pay Overtime	Bank Overtime
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

\* Certificated Only

\_\_\_\_\_  
Typed Name of Authorized Signature

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**FOR PAYROLL USE ONLY**

Pay Rate \_\_\_\_\_ X Number of Hours / Days \_\_\_\_\_ = Amount Due \_\_\_\_\_

Pay Rate \_\_\_\_\_ X Number of Hours / Days \_\_\_\_\_ = Amount Due \_\_\_\_\_

Date Paid \_\_\_\_\_

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and that I have full knowledge of 100 percent of these activities.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date