

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

Entire section must be typed and completed to process

NAME					
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