

SCHOOL YEAR: **2020-2021**

RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT  
 Hourly Time Sheet for Classified Substitutes  
 Short-Term Employees and Student Workers  
 Paid On the 10<sup>th</sup> of the Month

Employee Name \_\_\_\_\_  
 Month: \_\_\_\_\_  
 Substituting For: \_\_\_\_\_

\_\_\_\_\_ Short-Term  
 \_\_\_\_\_ Student  
 \_\_\_\_\_ Substitute

Location: \_\_\_\_\_

| Date          | In | Out | In | Out | Hours Worked | Comme |
|---------------|----|-----|----|-----|--------------|-------|
| 26            |    |     |    |     |              |       |
| 27            |    |     |    |     |              |       |
| 28            |    |     |    |     |              |       |
| 29            |    |     |    |     |              |       |
| 30            |    |     |    |     |              |       |
| 31            |    |     |    |     |              |       |
| 1             |    |     |    |     |              |       |
| 2             |    |     |    |     |              |       |
| 3             |    |     |    |     |              |       |
| 4             |    |     |    |     |              |       |
| 5             |    |     |    |     |              |       |
| 6             |    |     |    |     |              |       |
| 7             |    |     |    |     |              |       |
| 8             |    |     |    |     |              |       |
| 9             |    |     |    |     |              |       |
| 10            |    |     |    |     |              |       |
| 11            |    |     |    |     |              |       |
| 12            |    |     |    |     |              |       |
| 13            |    |     |    |     |              |       |
| 14            |    |     |    |     |              |       |
| 15            |    |     |    |     |              |       |
| 16            |    |     |    |     |              |       |
| 17            |    |     |    |     |              |       |
| 18            |    |     |    |     |              |       |
| 19            |    |     |    |     |              |       |
| 20            |    |     |    |     |              |       |
| 21            |    |     |    |     |              |       |
| 22            |    |     |    |     |              |       |
| 23            |    |     |    |     |              |       |
| 24            |    |     |    |     |              |       |
| 25            |    |     |    |     |              |       |
| <b>TOTALS</b> |    |     |    |     |              |       |

I certify that this record includes only approved hours for the above-named employee and is a complete and proper basis for payment.

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Budget Code: \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_