

Name: _____

**Perris Union High School District
Classified Sub Time Card**

Pay Period Start: _____

Emp. # _____

Pay Period End: _____

Please Note: Completed and signed timecards are to be turned into the Payroll Office by 4:30 PM on the date 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, Red ink or White out.**

Employee Fills Out This Portion

Date	Start Time	Lunch		End Time	Total Hrs	Site	Subbed For:	Confirmation #	Position Type (Check one)							Funding Source XX-XXX-XXXX-X-XXXX-XXXX-XXXX	Abs. Code	Admin Initial	Payroll Use Only				
		From	To						Cler	Cus	CS	Nut	RSP	SH	SC / HVAC					HVA	C	TRN	LVN
					Total Hrs																		

I HERBY 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	
Cler	Clerical
Cus	Custodial
CS	Campus Supervisor
Nut	Nutrition Services
RSP	RSP/Gen ED Parae
SC/SH	SH/SC Parae
HVAC	HVAC
TRN	Translator
LVN	Lic. Voc. Nurse

Leave Codes	
B	Bereavement
J	Jury Duty
O	Other
P	Discretion or
S	Sick
SB	School Business
V	Vacation
VAC	Vacancy
WC	Workers Comp