

**REPORT OF CLASSIFIED
SUBSTITUTE SERVICES**

**Delhi Unified School District
9716 Hinton Avenue
Delhi, CA 95315**

SUBSTITUTE NAME:	Last 4 digits of SS#
SCHOOL SITE:	PHONE:

MONTH	DAY	SUBSTITUTE FOR	POSITION	SUBSTITUTE SIGNATURE	NUMBER OF HOURS WORKED
	01				
	02				
	03				
	04				
	05				
	06				
	07				
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	10				
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	30				
	31				

THIS FORM MUST BE SUBMITTED TO PAYROLL BY THE LAST DAY OF THE MONTH (OR 1st WORKING DAY AFTER THE END OF EACH MONTH). FAILURE TO SUBMIT THIS FORM ON TIME WILL CAUSE YOUR PAYROLL WARRANT TO BE PROCESSED ON THE NEXT PAYROLL CYCLE.

Administrator/Supervisor Signature Date

<u>TO BE COMPLETED BY PAYROLL</u>			
Regular	HOURS (x) \$ _____	Hourly Rate =	\$ _____
Overtime	HOURS (x) \$ _____	Hrly Rate x 1.5 =	\$ _____
AMOUNT TO BE PAID:			\$ _____

<u>TO BE COMPLETED BY HUMAN RESOURCES</u>	
Date Received:	_____
Received By:	_____