Certificated

Month ____Year ____

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

325 S. Peck Avenue, Manhattan Beach, CA 90266 (310) 318-7345 FAX: (310) 303-3823 -- Payroll: extension 5937

Elementary/Middle School Substitute Teacher Time Sheet

This form must be completely filled out for payment to be processed.

Employee ID #

Printed Name:

Approved by (Signature) Name of teacher # of Hours Reason for Absence School **Principal/Designee** replaced / Days Account/Source of funding Date

Total Days: ____

I hereby certify that I have worked for the Manhattan Beach Unified School District on the days and hours stated.

EMPLOYEE SIGNATURE

Date

I hereby certify that I have supervised the above employee and know that he/she has worked the time stated.

This Time report is due in the <u>PAYROLL OFFICE</u> per schedule provided at NOON. Usually by the 15th and last business day. Substitute payday is the 5th of each month.