Farmersville
Unified School District
571 East Citrus * Farmersville, CA 93223
Phone: (559) 592-2010 * Fax: (559) 592-2203

Employee/Substitute Name (Please Print)

SSN (Last Four Digits)

Position/Job Title (Employee)

Regular Work Hours (Start/End Time)

Request For: ☐ Certificated Employee ☐ Classified Employee: ☐ Pay ☐ Comp-Time *(THIS OPTION MUST BE PRE-APPROVED BY SUPERVISOR)*
☐ Certificated Substitute ☐ Classified Substitute

Employee/Substitute Use						District Use Only		
Date	Extra Duty Work Description Name of Teacher Substituting for	School Site	Start Time	End Time	Administrator PRE-APPROVAL	Total Work Hours	Rate	Resource

TOTAL HOURS WORKED

I CERTIFY THIS REPORT TO BE TRUE AND CORRECT

Employee/Substitute Signature	Administrator's Signature	Date

I UNDERSTAND IT IS MY RESPONSIBILITY TO SUBMIT THIS FORM TO PAYROLL ON THE LAST WORKING DAY OF THE MONTH
PLEASE MAKE SURE TIMESHEETS ARE COMPLETE, INCOMPLETE TIMESHEETS WILL BE RETURNED

APPROVALS: Human Resources: Business: