



Colusa County Office of Education
Education Services Department
Substitute Teacher Timesheet

SUBSTITUTES NAME:

Employee ID #:

TEACHER SUBSTITUTED FOR:

LOCATION:

DATE(S):

NUMBER OF DAYS:

SUBSTITUTE'S SIGNATURE

DATE

DIRECTIONS - PLEASE FOLLOW EXACTLY!

Complete a separate timesheet for each teacher for whom you substitute for. Submit this timesheet to the Special Ed Dept. located at the Village by the 14th of each month, in order to be paid in a timely manner.

BELOW THIS POINT IS FOR OFFICIAL USE ONLY:

		NUMBER		x		DAILY RATE		=		TOTAL AMT	
NUMBER OF DAYS WORKED:						\$170.00					
BUDGET CODE:											
	FD	RESC	YR	OBJ	GOAL	FUNC	SCH	BDRS	TYPE		
%	XX	XXXX	X	XXX	XXXX	XXXX	XXX	XXXX	XXXX	AMOUNT	
100%										TOTAL	
PROGRAM MANAGER SIGNATURE										DATE	