



Colusa County Office of Education

Special Education 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 (All fields must be filled out) to the Special Ed Dept. located at the Education Village **ASAP**, in order to be paid timely.*

*******BELOW THIS POINT IS FOR OFFICIAL USE ONLY*******

	NUMBER	x	DAILY RATE	=	TOTAL AMT					
NUMBER OF DAYS WORKED:			\$200.00							
BUDGET CODE:										
%	FD XX	RESC XXXX	YR X	OBJ XXXX	GOAL XXXX	FUNC XXXX	SCH XXX	BDRS XXXX	TYPE XXXX	AMOUNT
100%	01	6500	0	1120	5760	1120	000	2005	0000	
100%									TOTAL	
PROGRAM MANAGER SIGNATURE									DATE	