


CORNING UNION HIGH SCHOOL DISTRICT
SUBSTITUTE TIMESHEET

Print Name: _____ **SSN (Last 4):** _____ / _____
Month / Year

TIMESHEETS ARE TO BE TURNED IN NO LATER THAN THE LAST DAY OF THE MONTH.

Date	Site (circle one)	Sub For	SUB TEACHER	SUB PARA				Total Para Hours
			# of Periods	In	Out	In	Out	
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____
_____	CUHS CENT CCAL	_____	_____	_____	_____	_____	_____	_____

ACKNOWLEDGEMENT: I acknowledge that I was a substitute for the Corning Union High School District and certify that I worked the above listed date(s) and periods/hours.

 **Signature:** _____ **Date:** _____

For Office Use Only				
Add-On	Units	Rate	_____	Account Code
Add-On	Units	Rate	_____	Account Code
Add-On	Units	Rate	_____	Account Code
Add-On	Units	Rate	_____	Account Code
			<div>Total</div>	