

LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT

CERTIFICATED SUBSTITUTE TEACHER

PRINT NAME _____

SIGNATURE _____

EMPLOYEE ID# (1XXXX) _____

1st through 10th OR 11th through 31st of _____

MONTH & YEAR **WORKED**

CIRCLE DATE	CONFIRMATION NUMBER	CIRCLE Full or Half Day	WORK SITE	TEACHER COVERED (last name only)	SUPERVISOR'S SIGNATURE	ACCOUNT CODE
1 or 11		F H				
2 or 12		F H				
3 or 13		F H				
4 or 14		F H				
5 or 15		F H				
6 or 16		F H				
7 or 17		F H				
8 or 18		F H				
9 or 19		F H				
10 or 20		F H				
21		F H				
22		F H				
23		F H				
24		F H				
25		F H				
26		F H				
27		F H				
28		F H				
29		F H				
30		F H				
31		F H				

PAYROLL OFFICE USE ONLY

HOUR CODE	1 - 10	11 - 31	TOTAL	HOURLY RATE	ACCOUNT CODE