

**CLASSIFIED EMPLOYEE**  
 Orange County Department of Education  
**SUBSTITUTE TIMESHEET**

PAYROLL CYCLE:	
FROM DATE:	
TO DATE:	

NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

BUDGET#: \_\_\_\_\_

SICK LEAVE*	DATE	BEGINNING TIME	ENDING TIME	ACTUAL HOURS WORKED	CONFIRMATION #	LOCATION	SUBSTITUTED FOR:	EMPLOYEE SIGNATURE
<input type="checkbox"/>								
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\*Substitute and Short-Term Employees: Check Sick Leave Box if requesting to use accumulated paid sick leave per AB 1522. An AB 1522 Employee Absence Request Form - Substitute/Short Term Employee must also be submitted to Human Resources.

TOTAL DAYS \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_