

GUS #62 Revised 7/2015

Month worked: _____

Last Name	First Name	(Required)				
Month/Date	Hours Worked	Job Description School/Department	Substituting for whom?	School/ Dept - Grade or Subject	Approved by Principal or Supervisor	
/16						Certificated (Required Input)
17						Instructional _____ Non-instructional_____
18						PLEASE NOTE: TIME CLAIM MUST BE COMPLETED IN FULL AND TURNED IN BY THE 15TH OF THE MONTH TO BE PAID ON 10TH OF THE FOLLOWING MONTH
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ACCOUNT STRING TO BE COMPLETED BY SITE/DEPARTMENT _____/_____/___/_____/_____/_____/_____/_____ _____/_____/___/_____/_____/_____/_____/_____ _____/_____/___/_____/_____/_____/_____/_____ _____/_____/___/_____/_____/_____/_____/_____						
						TOTAL \$