Gilroy Unified School District HOURLY (Certificated) Employee Time Claim

GUS #62 Revised 7/2015

| Name: | | | _ Social Security # | XXX-XX | | 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 | | | | | | _ | |
| 18 | | | | | | Instructional | |
| 19 | | | | | | Non-instructional | |
| 20 | | | | | | _ | |
| 21 | | | | | | PLEASE NOTE: | |
| 22 | | | | | | IN FULL AND TURNED IN BY THE 15TH | |
| 23 | | | | | | OF THE MONTH TO BE PAID ON | |
| 24 25 | | | | | | 10TH OF THE FOLLOWING MONTH | |
| 26 | | | | | | Employee Signature | |
| 27 | | | | | | Employee Signature | |
| 28 | | | | | | 1 | |
| 29 | | | | | | 7 | |
| 30 | | | | | | 1 | |
| 31 | | | | | | Date | |
| /1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | Comments: | |
| 5 | | | | | | _ | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | _ | |
| 10 | | | | | | | |
| 11 12 | | | | | | _ | |
| 13 | | | | | | Payroll Office Use Only | |
| 13 | | | | | | # Hrs. Pay Rate Total | |
| 15 | | | | | | # FITS. Fay Nate Total | |
| | I | | | | | | |
| ACCOUNT ST | RING TO BE CO | DMPLETED BY SITE/DEPARTMENT | - | | | | |
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| | | | | | | TOTAL ¢ | |
| | | | | | | TOTAL \$ | |