

Gilroy Unified School District SALARIED (Certificated) Employee Time Claim

GUS #61-Revised 7/2015

Name: _____ Social Security # **XXX-XX-** _____ Month worked: _____

Last Name		First Name		(Required)				
Date Worked	Hours Worked	Job Description School/Department	Substituting for whom?	School or Department Grade or Subject	Approved by Principal or Supervisor			
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31								
ACCOUNT STRING TO BE COMPLETED BY SITE/DEPARTMENT ____/____/____/____/____/____/____/____/____/____/____/____ ____/____/____/____/____/____/____/____/____/____/____/____ ____/____/____/____/____/____/____/____/____/____/____/____ ____/____/____/____/____/____/____/____/____/____/____/____						Certificated (Required Input) Instructional_____ Non-Instructional_____		
						PLEASE NOTE : TIME CLAIM MUST BE COMPLETED IN FULL AND TURNED IN BY THE LAST WORKING DAY OF THE MONTH FOR PAYMENT ON THE FOLLOWING MONTH		
						Employee Signature		
						Date		
						Comments:		
						Payroll Office Use Only		
						# Hrs.	Pay Rate	Total
						TOTAL \$		