SCUSD
Early Learning & Care Department

Child Care Attendant Substitute Time Sheet

Employee Name: _____ Phone Number _____

For the Month of: _____

Date	School Site	From	To	Total Hours	Teachers Initials

Email: denise-auzenne@scusd.edu and dawn-weymouth@scusd.edu

_____ _____
Employee's Signature Date

Complete one form each month and **submit no later than the 25th of the month by 10:00 a.m**. The pay period starts on the 26th of the prior month and ends on the 25th of the current month. The form should contain hours only for the indicated Pay Period Please use a separate form for each month.