



SCUSD  
Child Development Department  
**CHILD CARE ATTENDANT SUBSTITUTE TIME SHEET**



Employee Name \_\_\_\_\_

Phone Number \_\_\_\_\_

For the Month of: \_\_\_\_\_

Date	School Site	From	To	Total Hours	Teachers Initials

**FAX NUMBER : (916) 399-2057**  
**Email: [Thuyvan-Patrick@scusd.edu](mailto:Thuyvan-Patrick@scusd.edu)**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Complete one form for each month and submit by the 24<sup>th</sup> of the month. The form should contain hours for only the month indicated and if possible, should reflect hours for the entire month. Please use a separate form for each month.