Gilroy Unified School District *Non-Contracted (Hourly/Substitute) Employee Time Claim* GUS #62

Name _____ **Social Security #** _____-_____-_____ **Month for pay:** _____
Last Name **First Name**

Date Worked	Hours Worked	Job Description School/Department	Substituting for whom?	School or Department Grade or Subject	Approved by Principal or Supervisor
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

CalSOAP Tutoring Program

060-7810-0-2197-00-1110-1000-781032-028-0000

__ __ __ / __ __ __ __ / __ / __ __ __ __ / __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ __ __ / __ __ __ / __ __ __ __

__ __ __ / __ __ __ __ / __ / __ __ __ __ / __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ __ __ / __ __ __ / __ __ __ __

PLEASE NOTE THE FOLLOWING:
MUST BE TURNED IN BY THE 15TH OF THE MONTH TO BE PAID ON THE 10TH OF THE FOLLOWING MONTH

Employee Signature

Date

Comments:

Payroll Office Use Only

# Hrs.	Pay Rate	Total

TOTAL $