

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	Time In	Time Out	Job Description School/Department	School or Department Grade or Subject	Approved by Principal or Supervisor			
16							<p>PLEASE NOTE THE FOLLOWING: MUST BE TURNED IN BY THE 15TH OF THE MONTH TO BE PAID ON THE 10TH OF THE FOLLOWING MONTH</p> <p><i>CAISOAP Tutoring Program Power School</i></p>		
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
1							Employee Signature		
2							Date		
3									
4							Comments:		
5									
6									
7									
8									
9							Payroll Office Use Only		
10									
11									
12									
13							# Hrs.	Pay Rate	Total
14									
15									
<p>060-7810-0-2197-00-1110-1000-781032-028-0000</p> <p>____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____</p> <p>____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____</p>									
							TOTAL \$		