

INSTRUCTIONS FOR COMPLETING MONTHLY TIMESHEET

- 1) Accurately record your attendance on a daily basis with ink.
- 2) Sign and submit your completed timesheet by the 1st of the following month.
- 3) Timesheets not submitted by the deadline will delay compensation.
- 4) Do not use white out or correction tape to make changes to the timesheet.
- 5) If a correction is necessary, line through the mistake, add the correct information, and initial the change.
- 6) All work time reported on the timesheet is subject to review and verification.
- 7) See examples at the bottom of the page for information on completing the timesheet.

Regular Employees of TCOE – (Not Part-time/Short-term Temporary or Substitutes)

You will typically use this form to record overtime hours worked and additional hours added to your schedule. Overtime is time worked over 8 hours in 1 day *or* 40 hours in a week *or* any work on the 6th or 7th day. You must record all overtime hours in the overtime column. To record additional hours added to your work day, report only the additional hours in the first column.

Part-time/Short-term Temps and Substitutes

You will use this form to record all your work hours. Compensation will only be made based on the hours reported on this timesheet. Complete as many columns as are appropriate to record your work. All work performed for TCOE as a substitute shall have a corresponding SubFinder Job#. If you are requesting to use accrued sick leave, please note this in the second column. You must have had an assignment in order to request to use sick leave. You can check your available sick leave balance on your last paycheck stub, or on the employee portal. Sick leave accrues at the rate of .0333 hours for every hour worked and is added to your sick leave balance at the end of the month in which it is earned. All sick leave used is subject to verification of availability.

Tulare County
Office of Education
Jim Vidak, County Superintendent of Schools

TIME SHEET FOR SUBSTITUTE & TEMPORARY EMPLOYEES AND OVERTIME PAY

TIME SHEETS MUST BE SUBMITTED MONTHLY

Name: John Doe *****Do not use white out. If a correction is necessary, line through and make correction*****
 Social Security #: XXX – XX – 1111
 Phone #: _____ Hourly Rate: \$ _____

ONE OF THE FOLLOWING BOXES MUST BE CHECKED:

Substitute Teacher

Substitute Inst Asst

Temporary

Overtime

Other

Pay Period Ending _____, 20__

Date	# of hours worked – not overtime	# of sick leave hours absent	Reason: -Substitute (who) -Sick Leave -Overtime -Add'l hours (not Overtime)	Overtime	SubFinder Job #	Site Verification and/or HR Use
1						
2	5		Sub for Susie Smith		12234	
3						
4	1	2.5	Sub for John Jay		13452	
5						
6						
7						
8						
9						

I certify this to be a true and accurate statement of hours worked.

Employee Signature

I certify hours have been verified.

Department Approval



For additional information, go to www.tcoe.org, Employee Benefits and click on the link regarding AB1522 Healthy Workplace, Healthy Family Act.