White original-Payroll Yellow Copy-Employee

## Madera Unified School District

## FOR SUBSTITUTE TEACHERS USE ONLY

Name		_Soc. Sec. #	·	_	
(Please Print: Full Firs	t & Last - Middle Initial)		(Last 4 numbers required)		
Address		_City	Zip		
Phone No	Member of STRS:	YES / NO	Retired: <u>YES / NO</u>		

Please Note: Funding source for School Business or Special Programs must have a code or name.

Date	School, Dept., or Special Fund	Name of Teacher Substituted for:	Please note: Half or Full day (Not hours)	<b>Reason</b> School Bus., Out Ill, Etc.	Principal's Signature & Date

**Employee's Signature** 

Date\_\_\_\_

\*Time sheets must be RECEIVED in Payroll <u>no later than the 5<sup>th</sup> calendar day of each month by 5pm</u> and <u>recorded from the first through the last working day of each month</u>. Pay warrants will be mailed the last working day of the month.