

**TIME SHEET FOR SUBSTITUTE & TEMPORARY  
EMPLOYEES AND OVERTIME PAY**  
**TIME SHEETS MUST BE SUBMITTED MONTHLY**

Name: \_\_\_\_\_

Social Security #: XXX – XX – \_\_\_\_\_

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 -\ -Addl hours (not Overtime)	Overtime	AESOP Job #	Site Verification and/or HR Use
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
			Totals			

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

\_\_\_\_\_  
Employee Signature

I certify hours have been verified.

\_\_\_\_\_  
Department Approval

**HR use only**

**IMPORTANT – READ CAREFULLY  
TIME SHEET DEADLINES**

Return this time sheet to:

Human Resources  
Tulare County Office of Education  
6200 S. Mooney Blvd.,  
P.O. Box 5091  
Visalia, CA 93278-5091

TIME SHEETS MUST BE SUBMITTED BY THE  
1ST OF EACH MONTH BEFORE 4:00 P.M.

FD	RE	PY	GO	FN	OB	SI	CO	RP	%	Units	@	TOTAL DUE	

**Please see reverse for instructions**

# INSTRUCTIONS FOR COMPLETING MONTHLY TIMESHEET

- 1) Accurately record your attendance on a daily basis with ink.
- 2) Submit your completed timesheet by the 1<sup>st</sup> of the following month to your supervisor. Please include language in your email stating this is an accurate statement of hours worked.
- 3) Timesheets not submitted by the deadline will delay compensation.
- 4) If a correction is necessary, email the correct information to your supervisor.
- 5) All work time reported on the timesheet is subject to review and verification.
- 6) 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 6<sup>th</sup> or 7<sup>th</sup> 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 AESOP 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**  
*Tim A. Hire, County Superintendent of Schools*

### **TIME SHEET FOR SUBSTITUTE & TEMPORARY EMPLOYEES AND OVERTIME PAY**

**TIME SHEETS MUST BE SUBMITTED MONTHLY**

Name: John Doe

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 -Addl hours (not Overtime)	Overtime	AESOP 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