

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

SUBSTITUTE TEACHER TIME SHEET

NAME _____ PAY PERIOD (FROM) _____

(TO) _____

If your address and/or phone number has changed, please submit a change of address form to HR as soon as possible

DAY OF WEEK	DATE	TIME WORKED (PLEASE CHECK)			SCHOOL NAME		SUBSTITUTED FOR (Teacher's Name)		APPROVED BY	
		1 FULL Day	½ Day Loc. 1	½ Day Loc. 2	Loc. 1	Loc. 2	Loc. 1	Loc. 2	Loc. 1	Loc. 2
MON										
TUE										
WED										
THU										
FRI										
MON										
TUE										
WED										
THU										
FRI										
MON										
TUE										
WED										
THU										
FRI										

TOTAL DAYS TO PAY

Required Signature of Substitute Teacher

IMPORTANT: MUST submit original timesheet. See back for TIME SHEET DUE DATES.

PAYROLL PERIOD	TIME SHEET DUE DATE TO HUMAN RESOURCES ON OR BEFORE	ISSUE DATE
08/22/24-08/30/24	8/30/2024 3PM	10/5/2024
09/02/24-09/13/24	9/13/2024 3PM	
09/16/24-09/30/24	9/30/2024 3PM	11/5/2024
10/01/24-10/11/24	10/11/2024 3PM	
10/14/24-10/31/24	10/31/2024 3PM	12/5/2024
11/01/24-11/15/24	11/15/2024 3PM	
11/18/24-11/29/24	11/29/2024 3PM	1/6/2025
12/02/24-12/13/24	12/13/2024 3PM	
12/16/24-12/23/24	12/23/24 3.00 PM	2/5/2025
01/06/25-01/17/25	01/17/25 3.00 PM	
01/21/25-01/31/25	01/31/25 3.00 PM	3/5/2025
02/01/25-02/14/25	02/14/25 3.00 PM	
02/18/25-02/28/25	02/28/25 3.00 PM	4/7/2025
03/03/25-03/14/25	03/14/25 3.00 PM	
03/14/25-03/30/25	03/31/25 3.00 PM	5/5/2025
04/01/25-04/04/25	04/04/25 3.00 PM	
04/21/25-04/30/25	04/30/25 3.00 PM	6/5/2025
05/01/25-05/16/25	05/16/25 3.00 PM	
05/19/25-05/30/25	05/30/25 3.00 PM	7/7/2025
06/01/25-06/12/25	06/12/25 3.00 PM	