



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

CLASSIFIED PAYROLL EMPLOYMENT RECORD

SUBSTITUTE / EXEMPT EMPLOYMENT

(MUST BE SUBMITTED BY THE 2ND OF THE MONTH)

PAY PERIOD _____ through _____

EMPLOYEE NAME (Print) _____

| Date | Job Classification | Location | Absence Code | Substitute Hours | Exempt Assign Hours | Overtime Hours | Authorized Leave Usage Hours <small>(e.g. sick leave, emergency leave)</small> | Absent Employee Name (if sub) / Vacant Pos # / Leave Designation | Supervisor Approval <small>(required for Sub and OT)</small> |
|----------------------|--------------------|----------|--------------|-------------------|---------------------|-----------------|---|--|---|
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| HOURLY TOTALS | | | | Substitute | Exempt | Overtime | Leave Usage Hours | | |
| | | | | | | | | | |

EMPLOYEE SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

ADMINISTRATOR'S APPROVAL (AS REQUIRED) _____

PRINT NAME: _____

PRINT NAME: _____

DO NOT WRITE BELOW THIS LINE – FOR PAYROLL USE ONLY

| ASN | NO. HOURS | ACCOUNT NUMBER / PROGRAM OPTION | OTHER |
|-------|-----------|---------------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |