

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

CLASSIFIED PAYROLL EMPLOYMENT RECORD

SUBSTITUTE / EXEMPT EMPLOYMENT

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

PAY PERIOD 3/1/20)	through	h <u>3/31/20</u>		EMPLOYEE NAME (Print)		Marina Mihalevsky	
Date	Job Classification	Location	Absence Code	Substitute Hours	Exempt Assign Hours	Overtime Hours	Authorized Leave Usage Hours (e.g. sick leave, emergency leave)	Absent Employee Name (if sub) / Vacant Pos#/ Leave Designation	Supervisor Approval (required for Sub and OT)
1								Louvo Doolgiiaaoii	
2	Academic Specialist	Madrona		3					
3				3					
4				3					
5				3					
6				3					
7									
8									
9	Academic Specialist	Madrona		3					
10				3					
11				3					
12				3					
13				3					
14									
15									
16	Academic Specialist	Madrona					3	LE	
17							3	LE	
18							3	LE	
19							3	LE	
20							3	LE	
21									
22									
23	Academic Specialist	Madrona					3	LE	
24							3	LE	
25							3	LE	
26							3	LE	
27							3	LE	
28									
29									
30	Academic Specialist	Madrona					3	LE	
31							3	LE	
	HOURLY TOTALS		Substitute 30	Exempt	Overtime	Leave Usage Hours 36		- 01	
	EMPLOYEE SIGNATURE			SUPERVISOR'S SIGNATURE Dr. Dong Sollors				ADMINISTRATOR'S APPROVAL (AS REQUIRED) PRINT NAME: Sonia Wilson	
				PRINT NAME: Dr. Dena Sellers DO NOT WRITE BELOW THIS LINE – FOR PAYROLL U					VVIIOUII
	ASN NO. HOURS			ACCOUNT NUMBER / PROGRAM OPTION					OTHER
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