Carmel Unified School District
EMPLOYEE TIMESHEET
Classified Substitute Time Sheet

Name _____ SS# XXX-XX- _____

Job Title (s) _____ Site (s) _____

Month _____ **10th** through _____ **9th** _____ Year

Date	Time in	Time out	Description of Duties	Hours

Total Hours

_____ _____
Signature Employee Date

_____ _____
Signature Principal/Supervisor Date

Due on the 10th of the month

Revised 11/17/15fg