



Gresham-Barlow School District 10 Jt
 1331 NW Eastman Parkway, Gresham, OR 97030
 Payroll: 503-618-2465/503-618-2468

CERTIFIED Substitute/Tutoring Time Report

Name _____ PEID# 9 _____ Month/Year _____
 Address _____ City _____ Zip _____ Phone _____

****Please Report All Time In Actual Hours****

| Month | Day | Hrs | Job # | School/Location | Person Replacing/Position | Account No. | Approval |
|-------|-----|-----|-------|-----------------|---------------------------|-------------|----------|
| | 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 | | | | | | |

Report to be filled out by employee, turned in to office upon arrival at school, picked up before leaving to take to next assignment. **RETURN TO PAYROLL BY THE 1ST DAY OF THE FOLLOWING MONTH OR LEAVE AT LAST BUILDING WORKED.**

Employee Signature _____ Date _____
 White Copy-Payroll; Yellow Copy-Employee