

CUCAMONGA SCHOOL DISTRICT  
 Business Services  
 2022-2023 **SUBSTITUTE/HOURLY** Payroll Schedule  
 (**BLUE AND PURPLE TIMESHEETS ONLY**)

Individual employees are responsible for their completed timesheet being received by the Payroll Office by 4:00 p.m. on the due date. Both the employee and site administrator/designee must sign timesheets for each assignment worked. Timesheets must be completed for each reporting period. **Any timesheets received after the due dates will result in pay being delayed until the following pay date. It is the employee's responsibility to submit timesheets by the due date.**

Pay-periods are typically the 9<sup>th</sup> – 10<sup>th</sup> (of the following month), please take weekends and holidays into consideration.

If the due date falls on a weekend/holiday, please submit timesheets on the **PRIOR** business day.

**\*ALL PAY WARRANTS WILL BE MAILED TO THE EMPLOYEE'S ADDRESS ON RECORD.**

Month	Reporting Period	Timesheets due to Payroll	Pay Day
July	7/1/22 – 7/15/22	7/15/22	08/09/22
August	7/16/22 – 8/15/22	8/15/22	09/09/22
September	8/16/22 – 9/15/22	9/15/22	10/10/22
October	9/16/22 – 10/14/22	10/14/22	11/09/22
November	10/15/22 – 11/15/22	11/15/22	12/09/22
December	11/16/22 – 12/16/22	12/16/22	01/09/23
January	12/17/22 – 1/13/23	1/13/23	02/09/23
February	1/14/23 – 2/15/23	2/15/23	03/09/23
March	2/16/23 – 3/15/23	3/15/23	04/10/23
April	3/16/23– 4/14/23	4/14/23	05/09/23
May	4/15/23 – 5/16/23	5/16/23	06/09/23
June	5/17/23 – 6/15/23	6/15/23	07/10/23
June	6/16/23 – 6/30/23	6/30/23	07/17/23

If you have questions, please call Payroll at (909) 987-8942 Ext. 8249

**CUCAMONGA SCHOOL DISTRICT  
 SUBSTITUTE TEACHER TIME SHEET PAID ON THE 9TH OF THE MONTH**

Employee's Legal Name (please print) \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
 SS# Last four digits \_\_\_\_\_ Pay Period 1<sup>st</sup> to \_\_\_\_\_, 20\_\_

	DATE	FROM	TO	School (Hours)					DESCRIPTION OF ASSIGNMENT	SACS Resource Code	INITIAL
				DO	CUCA	LA	TOCS	RCMS			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
<b>Total Hours Worked</b>				DO	CUCA	LA	TOCS	RCMS			

Approver, please ensure the information above is correct before signing. All signatures must be original ~ not stamped.  
 I hereby certify that the time reported is correct.

**Employee Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that this employee has performed satisfactory work for the hours represented on this time sheet.  
**Administrator Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 01 \_\_\_\_\_ 01 \_\_\_\_\_

**- FOR DISTRICT OFFICE USE ONLY -**

Total Hours  Rate  .  Total Wages