



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
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

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 Before the 10th of Month or Leave at Last Building Worked in Pay Period. *Exceptions: 2nd of Month-December, March, & June*

Employee Signature _____ Date _____