



**San Francisco Community College District
COUNSELOR/LIBRARIAN DAY-TO-DAY SUBSTITUTE REPORT**

SFCCD - PAY111
1M - REV. 11/99

NAME: _____ SSN: _____ DEPARTMENT/ _____
Last First M.I. CAMPUS

PAY PERIOD # _____ From _____ To _____

Time Reports not received at 33 Gough on or before the last Thursday of the pay period will not be paid until the following pay period.

DAY OF THE WEEK	DATE OF SUBSTITUTED	TIME	NO. OF HOURS	NAME OF REGULAR COUNSELOR/LIBRARIAN	TYPE OF SERVICE	CAMPUS/ DEPARTMENT
SAT.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
SUN.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
MON.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
TUES.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
WED.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
THURS.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
FRI.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
SAT.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
SUN.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
MON.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
TUES.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
WED.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
THURS.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
FRI.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				

*TOTAL HRS

IMPORTANT: For payment to be made, the following FOAPAL section MUST be completed.

NO. OF HOURS	FOAPAL				
	Fund	Organization	Account	Program	Activity
	* TOTAL HRS				

*Note -- Total Hrs for accounting purposes must equal Total Hours indicated for payroll purposes.

I hereby certify that I have performed the substitute work indicated above.

Signed: _____
 (Substitute)

Date Filed: _____ Phone: _____

Approved by: _____
 (Dean/Dept. Head/Program Supervisor)

Date: ____/____/____ Phone: _____