

SANTA CLARA COUNTY OFFICE OF EDUCATION
INTERNAL BUSINESS SERVICES-PAYROLL SERVICES
SUBSTITUTE ABSENCE REPORT FORM

LAST NAME:

FIRST NAME:

EXTERNAL REFERENCE #:

POSITION:

PROGRAM:

SITE:

ACCOUNT CODE:

DATES(S) OF ABSENCE:

HOURS PER DAYS:

PLEASE SUBMIT THIS COMPLETED FORM TO YOUR WORK SITE FOR VERIFICATION. PAYROLL WILL ISSUE
PAYMENT ONCE VERIFIED.

TYPED NAME OF AUTHORIZED SIGNATURE

SUBSTITUTE EMPLOYEE SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

For Payroll use only

PAY RATE

X NUMBER OF HOURS

= AMOUNT DUE

PAY RATE

X NUMBER OF HOURS

= AMOUNT DUE

PAY RATE

X NUMBER OF HOURS

= AMOUNT DUE

TO VIEW YOUR SICK LEAVE BALANCE, REFER TO THE EMPLOYEE SELF SERVICE SITE (ESS): <https://ess.sccoe.org/>