NEWPORT SCHOOL DISTRICT

P.O. Box 70, 1380 W. 5th Street, Newport WA. 99156 Phone: (509) 447-3167

Employee Last Name, First Name

Pay Period: _____ 1st to 31st, _____

Month Year

Position

Position Start Time: _____ Position End Time: _____

MONTHLY DECLARATION AND REPORT OF HOURS WORKED AND LEAVE TAKEN

Account Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Write Leave Hours Here																
Mark Leave Type Here Example: "S" for Sick Leave																

Account Number	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
Write Leave Hours Here																
Mark Leave Type Here Example: "S" for Sick Leave																

Certification: I hereby ceritify that this is a true and correct record of the number of hours worked or leave taken during the stated period stated and that no payment has been received by me on the account thereof.

Employee Signature **Date**

Supervisor Signature **Date**

Leave Types: Annual (A), Sick (S), Vacation (V), Emergency (E), Discretionary (D), Bereavement (B), Professional (P), Jury Duty (J), Military (M), Leave without Pay (L), Comp (C)