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

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**Employee Last Name, First Name**

**Pay Period:** ______________________ 1st to 31st, _________________

**Position Start Time:** ________________________________

**Position End Time:** ________________________________

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**MONTHLY DECLARATION AND REPORT OF HOURS WORKED AND LEAVE TAKEN**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
</table>

"Subbing Up" Time - Time to be paid at higher rate

Write Leave Hours Here

Mark Leave Type Here

Example: "S" for Sick Leave

<table>
<thead>
<tr>
<th>Account Number</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

"Subbing Up" Time - Time to be paid at higher rate

Write Leave Hours Here

Mark Leave Type Here

Example: "S" for Sick Leave

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Certification: I hereby certify 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.

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**Employee Signature**

**Date**

**Supervisor Signature**

**Date**

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**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)