

**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<br>Example: "S" for Sick Leave | | | | | | | | | | | | | | | | |

| Account Number | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Hours | Time & Effort % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | 0 | |
| | | | | | | | | | | | | | | | | 0 | |
| Write Leave Hours Here | | | | | | | | | | | | | | | | | |
| Mark Leave Type Here<br>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 )**