

# HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

## TIMESHEET

CERTIFICATED \_\_\_\_\_ Month Employees

A - Industrial Injury - Need Affidavit

P - Personal Neccessity - Need Affidavit

E - Excused With Pay

F - FMLA Illness

G - FMLA Unpaid

I - Illness

J - Jury Duty

K - FMLA Vacation

N - Excused Without Pay

B - Bereavement - Need Affidavit

V - Vacation

X - Not Excused Unpaid

Z - "Z" Time

WEEK OF:

**I** 2.30 eg: Sick 2 hours 30 minutes

EMPLOYEE NAME

MON

TUE

WED

THU

FRI

SIGNATURE

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