HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT TIMESHEET

CLASSIFIED ____ Month Employees

A - Industrial Injury - Need Affidavit P - Personal Neccessity - Need Affidavit E - Excused With Pay I - Illness F - FMLA Illness J - Jury Duty G - FMLA Unpaid K - FMLA Vacation			N - Excused Without Pay B - Bereavement - Need Affidavit V - Vacation X - Not Excused Unpaid Z - "Z" Time			
EMPLOYEE NAME	MON	TUE	WED	THU	FRI	eg: Sick 2 hours 30 minutes SIGNATURE
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Approved:

Form #1059-1 (Rev 07/2018)

Date: