HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 E. Gale Ave., City of Industry, CA 91716 -- Payroll Department (626) 933-3871

CLASSIFIED HOURLY TIMESHEET

Print Name (Last, First) _____ Full SS# or EID # **(REQUIRED)** _____ Month – Year _____

Classification _____ School Site _____

Please use **BLACK** or **BLUE** ink. When absent, please indicate **absence codes AND total hours in RED.**

I – Illness **V** – Vacation **H** – Holiday **A** – Industrial Injury **F** – FMLA **P** – Personal Necessity (Need Affidavit)
E – Excused with pay **J** – Jury Duty **N** – Excused without pay **X** – Not Excused Unpaid **B** – Bereavement (Need Affidavit)

REQ # _____ **Authorized Hours Per Week** _____

SACS #_____

DATE	START	END	TOTAL HRS

DATE	START	END	TOTAL HRS

FOR DISTRICT PAYROLL USE ONLY

JOB # _____

Hours Worked _____

Holiday Hours _____

Sick Hours _____

Vacation Hours _____

Total Hours _____

Total Hours _____ Employee's Signature _____ Supervisor's Signature _____

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO PAYROLL BY DUE DATE

Form 1015 (Rev. 07/18)