

**PERMANENT CLASSIFIED - SUPPLEMENTAL TIME REPORT**

Employee (Last, First Name): \_\_\_\_\_ EID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

**Due to Payroll: Beginning of the Next month**

WORK HOURS				ABSENCES				
Date	Time In	Time Out	No. of Hours	Time In	Time Out	No. of hours	Absence Code A / B / C / D / F	Special Leave Code B / J / P1 / P2 / P3 / P4 / P5 / P6 / PB / M / FM / AO
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
<b>Total hours worked</b>				<b>Total sick hours</b>				

Employee Signature: \_\_\_\_\_ Supervisor's Approval: \_\_\_\_\_

Ed. Services/ Special Ed. Approval \_\_\_\_\_

<b>For PAYROLL ONLY:</b>	REG	OVT	C3
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**Note:** This hours or absences will be revised on the following month's payroll.  
For questions related to Classified payroll, contact payroll: 626-548-5033 [pphu@tcsud.net](mailto:pphu@tcsud.net)

**Absence Codes:**    **A – Illness or Injury**      **B – Vacation**      **C – Work-incurred Injury**  
**D – Compensatory Time Off**      **F – Floating Holiday.**

**Special Leave Codes:**

The Following leave may be granted **with pay:**  
**B** – Bereavement Leave, state relation to the family. The employee shall be entitled to three (3) days of absence, up to five (5) days if travel beyond a radius of 300 miles.  
**J** – Jury Duty, attach Jury duty certification.

The Following leave may be granted **with pay, using the employee's sick leave:**  
**Personal Necessity Leave:**  
**P1** – Death of a member of the immediate family when additional leave is required.  
**P2** – Accident involving his/her person or property, or the person or property of his/her immediate family.  
**P3** – Appearance in court as a litigant, or witness under official order.  
**P4** – Serious illness to a members of the immediate family of the employee. Proper verification by the attending physician may be requested for such leave.  
**P5** – Imminent danger to the home of an employee, occasioned by a factor such as flood, fire, or earthquake, serious in nature.  
**P6** – Observance of the employee's recognized religious holiday.  
**PB** - Personal Business Leave not to exceed six days one school year.

The Following leave may be granted **without pay:**  
**M** – Extended leave for maternity and child rearing may be granted not to exceed one school year.  
**FM** – Family Medical Leave Act for a period not to exceed twelve weeks.

The Following leave may be granted **with or without pay:**  
**AO** – A request for a leave of absence not covered by specific policy shall be submitted in writing to the Superintendent, who shall forward the request to the Board of Education with his/her recommendation.