



CLASSIFIED TIMECARD

NAME: _____ POSITION: _____ EMP #: _____

PAY PERIOD COVERED: _____ SITE/DEPARTMENT: _____

Work Year : _____ No. of assigned hours per day: _____

Date	Start Time	Lunch From To	End Time	Total Hours	Absence Code	Notes: Please indicate Comp as Earned or Comp as Accrual Funding (Required for Extra Duty / Overtime)
1						
2						
3						
4						
5						
6						
7						
8						
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27						
28						
29						
30						
31						

A4 – Union Business
A5 – Negotiations
B - Bereavement (form required)
C – Comp
E – Catastrophic Leave
F - FMLA
H - Holiday

J - Jury Duty (form required)
K - Paid Admin Leave
M - Military Leave
NS - Non Student (hourly only)
O - Other (School Board Member Use Only)
PL - Personal Leave
Q - CFRA

S - Sick
SF - Sick Family
SB - School Business
V - Vacation
W - Workers' Comp
Y - Unpaid Admin Leave

I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days and hours stated above. I further understand the falsification of District records is grounds for disciplinary action including dismissal.

EMPLOYEE SIGNATURE

ADMINISTRATOR PRINTED NAME

ADMINISTRATOR SIGNATURE

CATEGORICAL PRINTED NAME

CATEGORICAL SIGNATURE

ASST SUP OF ED SERVICES PRINTED NAME

ASST SUP OF ED SERVICES SIGNATURE