



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

2026/2027 CLASSIFIED PAYROLL EMPLOYMENT RECORD

Employee Name: _____

PAY PERIOD _____ through _____ Employee I.D # or Last 4 of S.S. _____

Date	Job Classification	Location	PERM Assign Additional Hours	Substitute Hours	Exempt Hours	Overtime / CT Earned (Circle one)	Leave Code / Absent EE Name	Leave Usage Hours (authorized)	Reason / Description of Work (Required)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

HOURLY TOTALS

PERM Assign Additional Hours	Substitute Hours	Exempt Hours	Overtime Hours	Leave Usage (authorized)
0	0	0	0	0

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

ADMINISTRATOR'S APPROVAL (AS REQUIRED) _____

SUPERVISOR PRINT NAME: _____

PRINT
NAME: _____

DO NOT WRITE BELOW THIS LINE – FOR PAYROLL USE ONLY

ASN	NO. HOURS	ACCOUNT NUMBER / PROGRAM OPTION	OTHER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____