



Employee Name: _____ **Employee #:** _____ **Pay Period Covered:** _____

Please Note: Completed and signed timecards are to be turned in to the Payroll Office by 4:30 PM on the day specified on the District Payroll Schedule. Timecards received after this date are subject to being processed the following month. **Please use blue or black ink only. NO Pencil or Red ink and DO NOT USE White Out.**

Total Hours to be Paid

Substitute's Signature

Leave Codes	
B	Bereavement
J	Jury Duty
O	Other
P	Personal Des/Nece
S	Sick
SB	School Business
V	Vacation
VAC	Vacancy
W/C	Workers Comp