CLASSIFIED STAFF TIMESHEET

Month/Year: /

Reg. Work Days:

Reg. #Hrs/Day:

Reg. #Hrs/Week:

Employee
Name ⟩

Employee
Signature ⟩

PLEASE PRINT CLEARLY | ATTACH ADDITIONAL NOTES IF NECESSARY | TIME VARIANCES MUST BE PREAPPROVED

DATE	REGULAR DAY WORKED	TIME VARIANCE (Circle one)	VARIANCE AMOUNT (15-min. incr.)	VARIATION REASON (Include comp/flex time, if applicable.)	LEAVE CODE* (Circle one)	PROGRAM CODE
1	☐	+ −			S P U B SB V J	
2	☐	+ −			S P U B SB V J	
3	☐	+ −			S P U B SB V J	
4	☐	+ −			S P U B SB V J	
5	☐	+ −			S P U B SB V J	
6	☐	+ −			S P U B SB V J	
7	☐	+ −			S P U B SB V J	
8	☐	+ −			S P U B SB V J	
9	☐	+ −			S P U B SB V J	
10	☐	+ −			S P U B SB V J	
11	☐	+ −			S P U B SB V J	
12	☐	+ −			S P U B SB V J	
13	☐	+ −			S P U B SB V J	
14	☐	+ −			S P U B SB V J	
15	☐	+ −			S P U B SB V J	
16	☐	+ −			S P U B SB V J	
17	☐	+ −			S P U B SB V J	
18	☐	+ −			S P U B SB V J	
19	☐	+ −			S P U B SB V J	
20	☐	+ −			S P U B SB V J	
21	☐	+ −			S P U B SB V J	
22	☐	+ −			S P U B SB V J	
23	☐	+ −			S P U B SB V J	
24	☐	+ −			S P U B SB V J	
25	☐	+ −			S P U B SB V J	
26	☐	+ −			S P U B SB V J	
27	☐	+ −			S P U B SB V J	
28	☐	+ −			S P U B SB V J	
29	☐	+ −			S P U B SB V J	
30	☐	+ −			S P U B SB V J	
31	☐	+ −			S P U B SB V J	

SUPERVISOR'S SIGNATURE ⇨   DATE:

LEAVE CODE KEY:
S = Sick, Med/Dent/Vis. Appts.   B = Bereavement Leave   U = Unpaid Leave   J = Jury Duty
P = Personal Leave   SB = School Business   V = Vacation Leave

Office use only.