

CLASSIFIED TIME CARD

Name: _____

School/Bldg: _____

Month/Year _____

Date	Maint / Cust	Program Asst	Ed Para	Secretary	<i>Ed Para (2400)</i>	<i>Ed Para (2471)</i>	<i>Title I (5100)</i>	<i>LAP (5500)</i>	<i>Title I (5700) GH</i>	<i>Title I (5104) Det</i>	NSL/Personal	Vacation	Sick/Emergency	Leave w/o Pay	Extra Hours	TOTAL Hours	Overtime
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
Total																	

I certify that the hours recorded above are correct.

Employee Signature: _____

Date: _____

Overtime must be preapproved by your supervisor.

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Regular Time | <input type="checkbox"/> NSL/Personal | <input type="checkbox"/> Extra Hours |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Vacation | <input type="checkbox"/> Overtime |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Sick/Emergency | |
| | <input type="checkbox"/> Leave w/o Pay | |

Supervisor Signature: _____

Date: _____