

CLASSIFIED TIME CARD

Name: _____ School/Bldg: _____ Month _____ Year _____

Date	Maint / Cust	Program Asst	Ed Para <small>Code</small>	Secretary			Title I (5100)	LAP (5500)	Title I (5700) GH		Personal	Vacation	Sick/Emergency	Leave w/o Pay	Extra Hours	TOTAL Hours	Overtime
1																	
2																	
3																	
4																	
5																	
6																	
7																	
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27																	
28																	
29																	
30																	
31																	

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"/> 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: _____