

Early Learning & Care Department Staff Time Sheet

Name: _____

Position: _____

Month: _____

Location: _____

HOURS WORKED								ABSENCES		COMMENT
DAY	DATE	START TIME IN	LUNCH TIME OUT	LUNCH TIME IN	END TIME OUT	TOTAL REGULAR WORKED	TOTAL PER DIEM WORKED	ABSENCE CODE (FORM 12)	TOTAL HOURS ABSENT	NOTES
M										
T										
W										
Th										
F										
M										
T										
W										
Th										
F										
M										
T										
W										
Th										
F										
M										
T										
W										
Th										
F										
M										
T										
W										
Th										
F										

I certify that all the above hours worked and absent are correct and that I have turned in completed and signed **Employee Absence Reports (Form 12s)** to account for all absences listed above.

Completed & Signed timesheets are due by 8:00 a.m. on the last workday of each month to:
Denise Auzenne, denise-auzenne@scusd.edu and Dawn Weymouth, dawn-weymouth@scusd.edu

Signature _____ Date _____