

CHILD DEVELOPMENT DEPARTMENT STAFF TIMESHEET
REGULAR & PER DIEM HOURS

Name: _____

Position: _____

Month/Year: _____

Location: _____

HOURS WORKED								ABSENCES		COMMENT
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL REGULAR WORKED	TOTAL PER DIEM WORKED	ABSENCE CODE (FORM 12)	TOTAL HRS ABSENT	
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. I have turned in signed Form 12(s) to account for all absences listed above.

Completed & Signed Timesheets are due by 8 a. m. on the last day of every month.

Certificated send to Denise.
Classified send to Jennifer Park.
Fax to 399-2057

Signature: _____

Date: _____

Work Schedule: _____
Required to work spring break: days

Union: _____