PLEASE PRINT

CHILD DEVELOPMENT DEPARTMENT STAFF TIMESHEET
REGULAR & PER DIEM HOURS

Name: _____

Position: _____

Month/Year: _____ **Location:** _____

		HOURS WORKED						ABSENCES		COMMENT
DAY	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL **REGULAR** WORKED	TOTAL **PER DIEM** WORKED	ABSENCE CODE (FORM 12)	TOTAL HOURS ABSENT	
M										
T										
W										
Th										
F										
M										
T										
W										
Th										
F										
M										
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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.

Signature: _____ Date: _____

Completed & Signed Timesheets are due by
8:00 a.m. on the last day of every month.
Certificated, Aides & others: send to Jennifer Park.
Child Care Attendants: send to Denise.
FAX 399-2057

Work Schedule: Union:
Required to work spring break: days