



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																	
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29																	
30																	
31																	

I certify that the hours recorded above are correct.

Employee Signature: _____ Date: _____

Overtime must be preapproved by your supervisor.

- Regular Time
- Holidays
- Bereavement
- Personal
- Vacation
- Sick/Emergency
- Leave w/o Pay
- Extra Hours
- Overtime

Supervisor Signature: _____ Date: _____