CLATSKANIE SCHOOL DISTRICT 6J

MONTHLY TIME SHEET

Pay Period: _____ **Year:** _____ **School:** _____

Name: _____ **Position:** _____

Day	Leave Code	Leave Hours	Regular Contract Hours	Sub or Extra Hours	Rate $$	Employees: Enter name of substitute during absence and special program/grant to be charged, if any.	Approval for Sub
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
1							
2							
3							
4							
5							
6							
7							
8							
9							
TOTAL HRS		-	-	-		Leave Codes: SL=Sick Leave; PB=Personal Leave; UL=Unpaid BL=Bereavement; PROF=Professional Leave; V=Vacation; J=Jury Duty; WC=Worker's Comp Injury	

Required Signatures:

EMPLOYEE: **SUPERVISOR:**

Leave Totals	Code	Total	For Payroll Use Only	Job Code	Account Number/Description	Hours	Rate