\*ONLY COMPLETED LEGIBLE TIMESHEETS SUBMITTED BY THE DEADLINE WILL BE PROCESSED. A completed timesheet includes every applicable line completed which includes dates, hours or days, totaled hours/days and employee and administrator's signature and date. If your timesheet is not legible or not completed it will be returned and payment could be delaved.

	Time & Attendance Sheet													10	ADICO	
EMPLOYEE NAME:							DEPT / SCHOOL:								ARICO fied School Dream. Learn. B	<b>JPA</b> District
							POSITION:									
EMPLOYEE DAYTIME PH #:						Period beginning:				& ending:						
	Day 1	Day 2	1		Day 3	Day 4	Day 5	Day 6	Day 7			Day 8	Day 9	Day 10	]	
DAY:	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	-	
DATE:																
CODE:															-	
TIME IN:																
LUNCH OUT:																
LUNCH IN:															-	
TIME OUT:																
HOURS or DAYS:															TOTAL REG HRS	TOTAL OT HRS
						Total Hrs/Days for week 1							Total Hrs/Days for week 2			
** Provide absence code ONLY for the days you were absent **																
		E - Eamily	Illnoop	D - Dorograd	Rusinosa		** ABSENCE CODES: Medical Leave J = Jury Duty IND = Industrial I					iol Iniun/	M = Militor ( )		DD - Deefer	- Development
I = Personal Illness F = Family Illness SB = School Business V = Vacation				P = Personal Business B = Bereavement		PML = Parmiy PL = Personal			J = Jury Duty H = Holiday		N/A = Work Week Adj.		M = Military Leave S = Subpoena		PD = Professional Development LTS = Long Term Sub	
	I CERTIF	Ү ТНАТ ТНЕ		ION CONTAI	NED HEREII	NIS										

COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Employee Signature

Date

Authorized Administrator's Signature

Date

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\*\*\*Return to the Payroll Dept. located in the District Admin. Office - please follow district payroll schedule and deadlines.

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