PERRIS UNION HIGH SCHOOL DISTRICT
CLASSIFIED TIMECARD

NAME:_____ POSITION:_____ EMP #:_____

PAY PERIOD COVERED:_____ THROUGH: _____ SITE/DEPARTMENT:_____
Work Year (insert ✓): A☐ B☐ C☐ D☐ E☐ F☐ G☐ H☐ I☐ J☐ K☐

Please use blue or black ink only. NO pencil or red ink and DO NOT USE white out.

No. of assigned hours per day:_____

Date	Time In	Lunch		Time Out	Total Hours	Absence Code	Remarks/Notes

A4 – Union Business
A5 – Negotiations
B - Bereavement (form required)
C – Comp
E – Catastrophic Leave
F - FMLA
H - Holiday
J - Jury Duty (form required)
K - Paid Admin Leave
M - Military
NS - Non Student (hourly only)
P/D - Personal Discretion (form required)
P/N - Personal Necessity (form required)
Q - CFRA
S - Sick
SB - School Business
V - Vacation
W - Workers' Comp
Y - Unpaid Admin Leave

ASB Funding Approval By:

I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days and hours stated above. I further understand the falsification of District records is grounds for disciplinary action, including dismissal.

_____ _____
EMPLOYEE SIGNATURE ADMINISTRATOR'S APPROVAL