PERRIS UNION HIGH SCHOOL DISTRICT CLASSIFIED TIMECARD

NAME:				POSIT	POSITION:					EMP#:		
PAY PERIOD COVERED:					THROUGH:					SITE/DEPARTMENT:		
Work Year (insert \checkmark): A \square B \square C \square Please use blue or black ink only. NO pencil or red ink a					E□ OT USE wl	F□	G□	н□	I	J□ K□ No. of assigned hours per day:		
Date	e Time In Lunch T			Time Out					Remarks/Notes			
							Code					
A4 – Union Business A5 – Negotiations B - Bereavement (form required) C – Comp E – Catastrophic Leave F - FMLA H - Holiday I HEREBY CERTIFY that I have worked for the Peunderstand the falsification of District records is gro				K - Paid M - Mil NS - No P/D - Pe P/N - Pe Q - CFR ne Perris Un						S - Sick SB - School Business V - Vacation W - Workers' Comp Y - Unpaid Admin Leave urs stated above. I further		
EMPLOYE	E SIGNATUF	RE			ADMINISTRATOR'S APPROVAL							