Hourly 12-Month-Employees Time Sheet: Maintenance Floating Sub Only – Staff Absence Report Crook County School District *Blue*

NAME _____ BLDG 011 ID# _____ PAY PERIOD _____ TO _____

DATE	REGULAR HOURS							OT	LEAVE	LEAVE	SUBSTITUTE	SUBSTITUTE HOURS			
	CCHS HRS	CCMS HRS	CR HRS	OCH HRS	PB HR	SLY HRS	OTHER HRS	HRS	HOURS	CODE	NAME	SUB HRS	FOR	RATE	BUDGET CODE
TOTAL															

Pay for the month of: _____

For Payroll Use:

CERTIFIED TO BE CORRECT:

Employee Signature

Supervisor Signature

Absence Codes			
VA	Vacation	NS	No School
JD	Jury/Witness	*FM	Family Medical Leave
H	Holiday	UP	Unpaid
SL	Sick Leave	ML	Military Leave
SL-FAM	Sick Leave Family	FT *PP	Field Trip Parental Leave
SL-IA PL	Industrial Accident Personal Leave	CTE CTT	Comp Time Earned Comp Time Taken
BL	Bereavement Leave	CO	Conference/Work-shop (must identify)
* Need written request 30 days in advance			

CODE	RATE	HOUR