GJUESD CLASSIFIED SUBSTITUTE TIME RECORD PERIOD ENDING / 21 / TO / 20 /

					LINI		LIVL	וועכ	MONTH	<i>,</i> 2.	YEAF	MONTH	20 /	/EAR	
NAM	1E:	EMPLOYEE ID:												Certificated copy on goldenroo	
POSITION:		LOCATION:										·	☐ Classified		
REGULAF	R SHIFT I	HOURS: a.m./p.m							a.m./	p.m.		* 20	Substitue		
													es unpaid lur	nch required at 6 hours per day	
		Ti	mshee	ets are	due in	the Pa					nd time out fo	or each shift. oth for payment on	the 10th of	f the next month.	
DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	OFFICE USE ONLY	FRONTLINE J	OB#	ABSENT EMPLOYEE / REASONS/ APPROVED BY:	
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			·	Horme	a the u	uties as	·								
EMPLOY						****		DATE:				RVISOR'S APPROVA		DATE:	
Req. #											This ti	mesheet must be ac	companied b	y an approved requisition for payment.	
CODING:												HOURS:	RATE	: PAY:	
CODING:												HOURS:	RATE	: PAY:	
CODING	_		_	_	_	_		_	_		_	HOURS:	RATE:	PAY:	

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