

**GJUESD CLASSIFIED EMPLOYEE TIME RECORD  
PAYROLL PERIOD: AUGUST 21, 2024 THROUGH SEPTEMBER 20, 2024**

ABSENCE CODES:

**NAME:** \_\_\_\_\_ **EMPLOYEE ID:** \_\_\_\_\_ *1 - Pers Ill/Med Appt 5 - Worker's Comp 9 - School Bus.*  
**POSITION:** \_\_\_\_\_ *2 - Pers. Necessity 6 - Non-Work Day 14 - Jury Duty*  
**LOCATION:** \_\_\_\_\_ *3 - Pers. Reason 7 - Comp Time*  
**CAFETERIA:** (circle one) CACFP NSLP *4 - Vacation 8 - Bereavement*

5 MIN = 0.08      15 MIN = 0.25      25 MIN = 0.42      35 MIN = 0.58      45 MIN = 0.75      55 MIN = 0.92  
 10 MIN = 0.17      20 MIN = 0.33      30 MIN = 0.50      40 MIN = 0.67      50 MIN = 0.83

\* Personal reason leave may not be used before or after a holiday or recess period.  
 \* Absence over 5 days need to be reported to Human Resource Department.  
 \* If you work more than one job classification, work extra or overtime, please record that time on a separate timesheet.

DATE	HOURS WORKED	HOURS ABSENT	ABSENCE CODE	FRONTLINE JOB ID #	REASONS:
8/21/23					
22					
23					
24	SATURDAY				
25	SUNDAY				
26					
27					
28					
29					
30					
31	SATURDAY				
9/1/23	SUNDAY				
2	HOLIDAY				LABOR DAY
3					
4					
5					
6					
7	SATURDAY				
8	SUNDAY				
9					
10					
11					
12					
13					
14	SATURDAY				
15	SUNDAY				
16					
17					
18					
19					
20					

I hereby certify that I have performed the duties as reported herein.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SUPERVISOR'S APPROVAL: \_\_\_\_\_

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**OFFICE USE ONLY:**

FRONTLINE CONFIRMED:       ABSENCE TRACKING:       RECEIVED DATE: \_\_\_\_\_