

**GJUESD CLASSIFIED EMPLOYEE TIME RECORD
PAYROLL PERIOD: JULY 21, 2024 THROUGH AUGUST 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:
7/21/23	SUNDAY				
22					
23					SEC II
24					
25					SEC I, HA II, H. SEC, LVN, HOME VISITOR, BFLC TECH
26					
27	SATURDAY				
28	SUNDAY				
29					
30					
31					
8/1/23					
2					
3	SATURDAY				
4	SUNDAY				
5					BOA
6					RBT, BUS DRIVER, F&N
7					SPED IA, PRESCHOOL IA & BIA
8					FIRST DAY OF SCHOOL
9					
10	SATURDAY				
11	SUNDAY				
12					IA, BIA
13					
14					
15					
16					
17	SATURDAY				
18	SUNDAY				
19					
20					

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

EMPLOYEE SIGNATURE: _____ DATE: _____ SUPERVISOR'S APPROVAL: _____

OFFICE USE ONLY:

FRONTLINE CONFIRMED: ABSENCE TRACKING: RECEIVED DATE: _____