GJUESD CLASSIFIED EMPLOYEE TIME RECORD PAYROLL PERIOD: JUNE 21, 2025 THROUGH JULY 20, 2025

| NAME: | | | | EMPLOYEE ID: | 1 - Pers III/Med Appt | <u>ABSENCE CODES:</u> 5 - Worker's Comp | 0 Calcad Dua |
|--|---|--------------|---------------|---------------------|-----------------------|--|-----------------------------------|
| | | | | | 2 - Pers. Necessity | 6 - Non-Work Day | 9 - School Bus. 14 - Jury Duty |
| POSITION: | | | | | | , | 14 - July Duly |
| LOCATION: | | | | | 3 - Pers. Reason | 7 - Comp Time | |
| CAFETERIA: | (circle one) | <u>CACFP</u> | <u>NSLP</u> | | 4 - Vacation | 8 - Bereavement | |
| 5 MIN = 0.08 | 15 MIN =0.25 2 | | 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 needs 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. | | | | | | | |
| | HOURS | HOURS | ABSENCE | FRONTLINE | | | |
| DATE | WORKED | ABSENT | CODE | JOB ID # | REASONS: | | |
| 6/21/24 | SATURDAY | | | | | | |
| 22 | SUNDAY | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | SATURDAY | | | | | | |
| 29 | SUNDAY | | | | | | |
| 30 | | | | | | | |
| 7/1/24 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | HOLIDAY | | | | 4TH OF JULY | | |
| 5 | SATURDAY | | | | | | |
| 6 | SUNDAY | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | SATURDAY | | | | | | |
| 13 | SUNDAY | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | SATURDAY | | | | | | |
| 20 | SUNDAY | | | | | | |
| I hereby cer | tify that I hav | e perform | ed the duties | as reported herein. | | | |

EMPLOYEE SIGNATURE:

DATE: SUPERVISOR'S APPROVAL:

OFFICE USE ONLY:

RECEIVED DATE: