PERRIS UNION HIGH SCHOOL DISRICT

CLASSIFIED TIMECARD

NAME:_____ POSITION:_____ EMP #:_____

Pay Period Covered:____/____/____ through ____/____/____ SITE:_____

Work Year (insert ✓): A☐ B☐ C☐ D☐ E☐ F☐ G☐ H☐ I☐ No. of assigned hours per day:_____

Please use blue or black ink only. NO pencil or red ink and DO NOT USE white out.

Date	Start Time	Lunch From	Lunch To	End Time	Total Hours	Absence Code	Funding (Required for Extra Duty/Overtime)
				TOTAL			

B = Bereavement (form required)
JD = Jury Duty (form required)
P/D = Personal Discretion (form required)
P/N = Personal Necessity (form required)
O = Other (explanation required for School Business/Comp)

S = Sick
V = Vacation
NS = Non Student (hourly only)
H = Holiday

I HEREBY CERTIFY that I have worked for the Perris Union High School District on the days and hours stated above. I further understand the falsification of District records is grounds for disciplinary action including dismissal.

EMPLOYEE SIGNATURE

ADMINISTRATOR'S APPROVAL

Revised 11-21-13