Hourly 12-Month-Employees-Paid-Monthly Time Sheet – Staff Absence Report **Crook County School District** *Blue*

NAME _____ BLDG _____ ID# _____ PAY PERIOD _____ TO _____

	REGULAR HOURS							SUBSTITUTE HOURS			
Date	Job 1 HRS	Job 2 HRS	Job 3 HRS	OT	Leave Hours	Leave Code	Substitute Name	Sub Hours	For	Rate	Budget Code
TOTAL											

Pay for the month of: _____

For Payroll Use:

CODE	RATE	HOUR

CERTIFIED TO BE CORRECT:

Employee Signature

Supervisor Signature

Absence Codes			
VA	Vacation	NS	No School
JD	Jury/Witness	*FM	Family Medical Leave
H	Holiday	UP	Unpaid
SL	Sick Leave	ML	Military Leave
SL-FAM	Sick Leave Family	FT *PP	Field Trip Parental Leave
SL-IA PL	Industrial Accident Personal Leave	CTE CTT	Comp Time Earned Comp Time Taken
BL	Bereavement Leave	CO	Conference/Work-shop (must identify)
* Need written request 30 days in advance			

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