PERRIS UNION HIGH SCHOOL DISTRICT
CLASSIFIED TIMECARD

NAME: _____ POSITION: _____ EMP# _____

PAY PERIOD COVERED: _____ THROUGH: _____ SITE/DEPARTMENT: _____

Work Year (insert ✓):A☐ B☐ C☐ D☐ E☐ F☐ G☐ H☐ I☐

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

No. of assigned hours per day: _____

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

A4 – Union Business
A5 – Negotiations
B - Bereavement (form required)
C – Comp
E – Catastrophic Leave
F - FMLA
H - Holiday
J - Jury Duty (form required)
K - Paid Admin Leave
M - Military
NS - Non Student (hourly only)
P/D - Personal Discretion (form required)
P/N - Personal Necessity (form required)
Q - CFRA
S - Sick
SB - School Business
V - Vacation
W - Workers' Comp
Y - Unpaid Admin Leave

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