PERRIS UNION HIGH SCHOOL DISTRICT

Name:	Classified Sub Time Card	Pay Period Start://
Emp #:		Pay Period End://

Please Note: Signed and completed timecards are to be turned in to the Payroll Office by 4:30 PM on the day specified on the District Payroll Schedule.

Timecards received after this date are subject to being processed the following month. Please use blue or black ink only. NO Pencil or Red ink and DO NOT USE White out.

Employee Fills Out This Portion						Office Use Only			1									
	Start	Lu	nch	End	Total			FrontLine	Po	sitio	n Tyj	pe (C	heck	one)	Funding Source	Abs	Admin	Payroll
Date	Time	From	То	Time	Hours	Site	Substituted For:	Confirmation #:	Cleri	Cust	CS	Nutr	Para	Nurse	xx-xxx-xxxx-x-xxxx	Code	Int.	Use Only
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			TOTAL	HOURS				1			I		<u> </u>					

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.

Position Type					
Cleri	Clerical				
Cust Custodial					
CS	Campus Sup.				
Nutr	Nutrition Serv.				
Para	Paraeducator				
Nurse	Lic. Voc. Nurse				

Leave Codes				
В	Bereavement			
JD	Jury Duty			
O	Other			
PD	Personal Discretion			
PN	Personal Necessity			
S	Sick			
SB	School Business			
VA	Vacation			
VA	Vacancy			
W/C	Workers Comp.			