

Print NAME (last name first)

EMPLOYEE ID #

MONTH/YEAR

LOCATION  CCC  DIST  DVC  LMC

SERVICE PERFORMED:

- Substitute (Hourly) for \_\_\_\_\_
- Substitute (Daily) for \_\_\_\_\_ (last name first)
- Special Program Instructor (Hourly)

COURSE INFORMATION: Title/No. \_\_\_\_\_ Section \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_

TIMED SERVED: (codes for absences: A-Absent without pay, S-Sick, P-Personal necessity leave, H-Paid Holiday, B-Bereavement leave, I-Industrial Accident or illness)

MONTH \_\_\_\_\_ POSITION NUMBER \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL

X

Employee Signature

Signature of SUPERVISOR