

# EMPLOYEE ATTENDANCE CALENDAR

# July 2023

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND (Only use these Codes)</b>							1
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	2	3	4	5	6	7	8
Holiday H							
Sick Leave SL	9	10	11	12	13	14	15
Personal Necessity PN							
Public Health Order PHO	16	17	18	19	20	21	22
Vacation VA							
Float Day FD							
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS	23	24	25	26	27	28	29
Bereavement BR (comment required)	30	31					
Jury Duty JD (verification required)							

**COMMENTS:**

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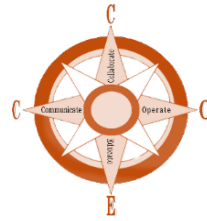
I certify that the above information, including hours worked, is true and correct.

\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE



# EMPLOYEE ATTENDANCE CALENDAR

# August 2023

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>			1	2	3	4	5
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	6	7	8	9	10	11	12
Holiday H							
Sick Leave SL							
Personal Necessity PN	13	14	15	16	17	18	19
Public Health Order PHO							
Vacation VA							
Float Day FD	20	21	22	23	24	25	26
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED							
Bereavement BR (comment required)	27	28	29	30	31		
Jury Duty JD (verification required)							

**COMMENTS:**

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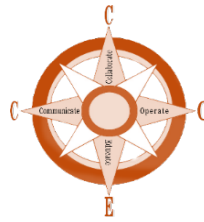
I certify that the above information, including hours worked, is true and correct.

\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE



# EMPLOYEE ATTENDANCE CALENDAR

# September 2023

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>						1	2
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	3	4	5	6	7	8	9
Holiday H							
Sick Leave SL							
Personal Necessity PN	10	11	12	13	14	15	16
Public Health Order PHO							
Vacation VA							
Float Day FD	17	18	19	20	21	22	23
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED							
Bereavement BR (comment required)	24	25	26	27	28	29	30
Jury Duty JD (verification required)							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

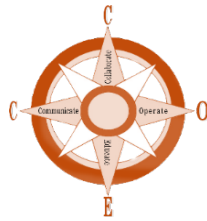
\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE

# EMPLOYEE ATTENDANCE CALENDAR



# October 2023

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>	1	2	3	4	5	6	7
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	8	9	10	11	12	13	14
Holiday H							
Sick Leave SL	15	16	17	18	19	20	21
Personal Necessity PN							
Public Health Order PHO	22	23	24	25	26	27	28
Vacation VA							
Float Day FD							
CATEGORIES BELOW <u>MUST</u> INCLUDE COMMENT or VERIFICATION AS	29	30	31				
Bereavement BR (comment required)							
Jury Duty JD (verification required)							

**COMMENTS:**

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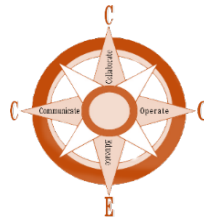
I certify that the above information, including hours worked, is true and correct.

\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE



# EMPLOYEE ATTENDANCE CALENDAR

# November 2023

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>				1	2	3	4
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	5	6	7	8	9	10	11
Holiday H							
Sick Leave SL							
Personal Necessity PN	12	13	14	15	16	17	18
Public Health Order PHO							
Vacation VA							
Float Day FD	19	20	21	22	23	24	25
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED							
Bereavement BR (comment required)	26	27	28	29	30		
Jury Duty JD (verification required)							

**COMMENTS:**

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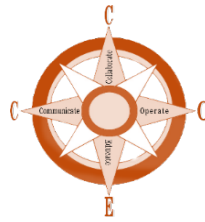
I certify that the above information, including hours worked, is true and correct.

\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE



# December 2023

## EMPLOYEE ATTENDANCE CALENDAR

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>						1	2
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	3	4	5	6	7	8	9
Holiday H							
Sick Leave SL	10	11	12	13	14	15	16
Personal Necessity PN							
Public Health Order PHO	17	18	19	20	21	22	23
Vacation VA							
Float Day FD							
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED	24	25	26	27	28	29	30
Bereavement BR (comment required)	31						
Jury Duty JD (verification required)							

**COMMENTS:**

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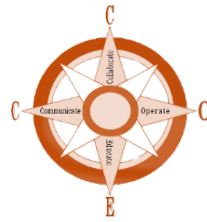
I certify that the above information, including hours worked, is true and correct.

\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE



# EMPLOYEE ATTENDANCE CALENDAR

# January 2024

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>		1	2	3	4	5	6
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	7	8	9	10	11	12	13
Holiday H							
Sick Leave SL							
Personal Necessity PN	14	15	16	17	18	19	20
Public Health Order PHO							
Vacation VA							
Float Day FD	21	22	23	24	25	26	27
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED							
Bereavement BR (comment required)	28	29	30	31			
Jury Duty JD (verification required)							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

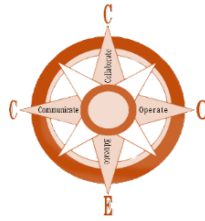
\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE

# EMPLOYEE ATTENDANCE CALENDAR



# February 2024

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>					1	2	3
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	4	5	6	7	8	9	10
Holiday H							
Sick Leave SL							
Personal Necessity PN	11	12	13	14	15	16	17
Public Health Order PHO							
Vacation VA							
Fleet Day FD	18	19	20	21	22	23	24
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED							
Bereavement BR (comment required)	25	26	27	28	29		
Jury Duty JD (verification required)							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

EMPLOYEE'S NAME (Please print)

ID#

EMPLOYEE'S SIGNATURE

WORK SITE

TITLE

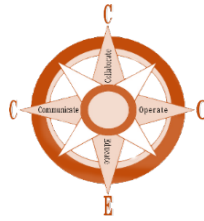
CLASSIFIED/CERTIFICATED

HOURS PER DAY

VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE



# EMPLOYEE ATTENDANCE CALENDAR



# March 2024

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>						1	2
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	3	4	5	6	7	8	9
Holiday H							
Sick Leave SL	10	11	12	13	14	15	16
Personal Necessity PN							
Public Health Order PHO	17	18	19	20	21	22	23
Vacation VA							
Float Day FD							
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS	24	25	26	27	28	29	30
Bereavement BR (comment required)	31						
Jury Duty JD (verification required)							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

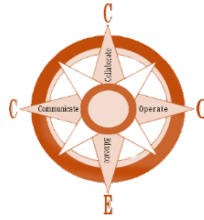
\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE

# EMPLOYEE ATTENDANCE CALENDAR



# April 2024

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>		1	2	3	4	5	6
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	7	8	9	10	11	12	13
Holiday H							
Sick Leave SL							
Personal Necessity PN	14	15	16	17	18	19	20
Public Health Order PHO							
Vacation VA							
Float Day FD	21	22	23	24	25	26	27
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED							
Bereavement BR (comment required)	28	29	30				
Jury Duty JD (verification required)							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

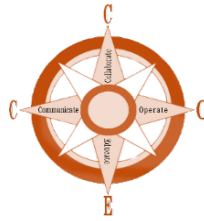
\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE

# EMPLOYEE ATTENDANCE CALENDAR



# May 2024

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>				1	2	3	4
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	5	6	7	8	9	10	11
Holiday H							
Sick Leave SL							
Personal Necessity PN	12	13	14	15	16	17	18
Public Health Order PHO							
Vacation VA							
Float Day FD	19	20	21	22	23	24	25
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS							
Bereavement (comment required) BR	26	27	28	29	30	31	
Jury Duty (verification required) JD							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

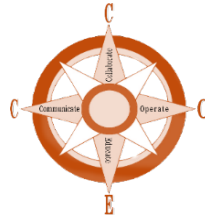
\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE

# EMPLOYEE ATTENDANCE CALENDAR



# June 2024

Due to your supervisor at the end of the month

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>LEGEND</b> <i>(Only use these Codes)</i>							1
Workday W							
Non Workday NW							
Chosen Non Workday (CS full year certificated staff only) CNW	2	3	4	5	6	7	8
Holiday H							
Sick Leave SL	9	10	11	12	13	14	15
Personal Necessity PN							
Public Health Order PHO	16	17	18	19	20	21	22
Vacation VA							
Float Day FD							
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS	23	24	25	26	27	28	29
Bereavement BR (comment required)	30						
Jury Duty JD (verification required)							

**COMMENTS:**

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I certify that the above information, including hours worked, is true and correct.

\_\_\_\_\_  
EMPLOYEE'S NAME (Please print) ID#

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE WORK SITE

\_\_\_\_\_  
TITLE CLASSIFIED/CERTIFICATED HOURS PER DAY

\_\_\_\_\_  
VERIFIED BY: SIGNATURE OF SUPERVISOR OR DESIGNEE