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July 2023

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only these Codes) Workday	use W							1
	NW							
Chosen Non Workday (CS full y certificated staff on	CNW year nly)	2	3	4	5	6	7	8
Holiday	Н		-					
Sick Leave	SL	9	10	11	12	13	14	15
Personal Necessity	PN							
Public Health Order	РНО	16	17	18	19	20	21	22
Vacation	VA							
Float Day	FD				I			
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS	S	23	24	25	26	27	28	29
Bereavement (comment required)	BR)	30	31					
Jury Duty (verification require	JD ed)							
COMMENTS:			-	I co	ertify that the above	information, includ	ling hours worked, is	true and correct.
				E	EMPLOYEE'S NAME (Please	e print)		ID#
				E	EMPLOYEE'S SIGNATURE			WORK SITE
				_	TITLE	CLASSIFIED/C	CERTIFICATED	HOURS PER DAY



August 2023

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only use these Codes) Workday W Non Workday NW			1	2	3	4	5
Chosen Non CNW Workday (CS full year certificated staff only) Holiday H Sick Leave SL	6	7	8	9	10	11	12
Personal Necessity PN Public Health PHO Order	13	14	15	16	17	18	19
Vacation VA Float Day FD CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED	20	21	22	23	24	25	26
Bereavement BR (comment required) Jury Duty JD (verification required)	27	28	29	30	31		
COMMENTS:			I ce	rtify that the above	information, includi	ng hours worked, is	true and correct.
			EI	MPLOYEE'S NAME (Please 1	print)		
			EI	MPLOYEE'S SIGNATURE			WORK SITE
			ті	TLE	CLASSIFIED/C	ERTIFICATED	HOURS PER DAY



LEGEND (Only use these Codes) Workday W Non Workday NW	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY 1	SATURDAY 2
Chosen Non CNW Workday (CS full year certificated staff only) Holiday H Sick Leave SL	3	4	5	6	7	8	9
Personal Necessity PN Public Health PHO Order	10	11	12	13	14	15	16
Vacation VA Float Day FD CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED	17	18	19	20	21	22	23
Bereavement BR (comment required) Jury Duty JD (verification required)	24	25	26	27	28	29	30
COMMENTS:			I ce	ertify that the above	information, includ	ing hours worked, is	true and correct.
			E	MPLOYEE'S NAME (Please	print)		ID#
				MPLOYEE'S SIGNATURE			WORK SITE
			T	ITLE	CLASSIFIED/C	ERTIFICATED	HOURS PER DAY

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October 2023

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only us these Codes) Workday W		2	3	4	5	6	7
Non Workday NV	w						
Chosen Non CN Workday (CS full year certificated staff only)	r	9	10	11	12	13	14
Holiday H							21
Sick Leave Si Personal Necessity Pi		16	17	18	19	20	21
Public Health PH Order	22	23	24	25	26	27	28
Vacation V. Float Day Fl							
CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS	29	30	31				
Bereavement Bi							
Jury Duty Ji (verification required)	Ь						
COMMENTS:			I c	ertify that the abov	e information, includ	ling hours worked, is	s true and correct.
				EMPLOYEE'S NAME (Pleas	e print)		ID#
				EMPLOYEE'S SIGNATURE			WORK SITE
				TITLE .	CLASSIFIED/	CERTIFICATED	HOURS PER DAY
Powing Folymory 2022	2		-	VEDIEIED DV. SICNATIID	E OE SIIDEDWISOD OD DES	SIGNEE	



November 2023

LEGEND (Only use these Codes) Workday W Non Workday NW	SUNDAY	MONDAY	TUESDAY	WEDNESDAY 1	THURSDAY 2	FRIDAY 3	SATURDAY 4
Chosen Non CNW Workday (CS full year certificated staff only) Holiday H Sick Leave SL	5	6	7	8	9	10	11
Personal Necessity PN Public Health PHO Order	12	13	14	15	16	17	18
Vacation VA Float Day FD CATEGORIES BELOWMUST INCLUDE COMMENT or VERIFICATION AS INDICATED	19	20	21	22	23	24	25
Bereavement BR (comment required) Jury Duty JD (verification required)	26	27	28	29	30		
COMMENTS:			I ce	ertify that the above	information, includ	ing hours worked, is	true and correct.
			 E	MPLOYEE'S NAME (Please	print)		ID#
				MPLOYEE'S SIGNATURE			WORK SITE
			т	TITLE	CLASSIFIED/C	ERTIFICATED	HOURS PER DAY



December 2023

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only these Codes)	<u>use</u>						1	2
Workday	w							
Non Workday	NW							
Workday (CS full ye certificated staff onl	ly)	3	4	5	6	7	8	9
Holiday	H							
	SL	10	11	12	13	14	15	16
Personal Necessity	PN							
Public Health I Order	РНО	17	18	19	20	21	22	23
	VA							
Float Day CATEGORIES	FD							
BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED	S	24	25	26	27	28	29	30
Bereavement (comment required)	BR	31						
Jury Duty (verification require	JD :d)							
COMMENTS:				I ce	ertify that the above	e information, includ	ing hours worked, is	true and correct.
				E	MPLOYEE'S NAME (Please	print)		ID#
				E	MPLOYEE'S SIGNATURE			WORK SITE
				<u> </u>	TITLE	CLASSIFIED/C	CERTIFICATED	HOURS PER DAY
Paying May 2022				71	EDIEIED DV. CICNATUDE	OF SUBERVISOR OF DES	ICNEE	



January 2024

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only use these Codes) Workday W Non Workday NW		1	2	3	4	5	6
Chosen Non CNW Workday (CS full year certificated staff only) Holiday H Sick Leave SL	7	8	9	10	11	12	13
Personal Necessity PN Public Health PHO Order	14	15	16	17	18	19	20
Vacation VA Float Day FD CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED	21	22	23	24	25	26	27
Bereavement BR (comment required) Jury Duty JD (verification required)	28	29	30	31			
COMMENTS:			I ce	ertify that the above	information, includi	ng hours worked, is	s true and correct.
				MPLOYEE'S NAME (Please	print)		
				MPLOYEE'S SIGNATURE			WORK SITE
			т	ITLE	CLASSIFIED/CI	ERTIFICATED	HOURS PER DAY



February 2024

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only use these Codes) Workday W Non Workday NW					1	2	3
Chosen Non CNW Workday (CS full year certificated staff only) Holiday H	4	5	6	7	8	9	10
Sick Leave SL Personal Necessity PN Public Health PHO Order	11	12	13	14	15	16	17
Vacation VA Float Day FD CATEGORIES BELOW MUST INCLUDE COMMENT or VERIFICATION AS INDICATED	18	19	20	21	22	23	24
Bereavement BR (comment required) Jury Duty JD (verification required)	25	26	27	28	29		
COMMENTS:			I ce	ertify that the above	e information, includ	ing hours worked, is	s true and correct.
				MPLOYEE'S NAME (Pleas	e print)		ID#
				MPLOYEE'S SIGNATURE			WORK SITE
			т	TITLE	CLASSIFIED/C	ERTIFICATED	HOURS PER DAY

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March 2024

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only use these Codes)						1	2
Workday W							
Non Workday NW							
Chosen Non CNW Workday (CS full year certificated staff only)	3	4	5	6	7	8	9
Holiday H							
Sick Leave SL	10	11	12	13	14	15	16
Personal Necessity PN							
Public Health PHO Order	17	18	19	20	21	22	23
Vacation VA							
Float Day FD		<u> </u>				<u> </u>	
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:	_	_	I ce	rtify that the above	information, includi	ing hours worked, is	true and correct.
				MPLOYEE'S NAME (Please	print)		
					F1		15"
			EI	MPLOYEE'S SIGNATURE			WORK SITE
			TI	TLE	CLASSIFIED/C	ERTIFICATED	HOURS PER DAY



April 2024

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Onl these Codes) Workday Non Workday	y use W NW		1	2	3	4	5	6
Chosen Non Workday (CS full certificated staff	CNW year only)	7	8	9	10	11	12	13
Sick Leave	SL			<u> </u>	<u> </u>			
Personal Necessity	PN	14	15	16	17	18	19	20
Public Health Order	РНО							
Vacation Float Day CATEGORIES E MUST INCLUDE COM or VERIFICATIO	MENT	21	22	23	24	25	26	27
Bereavement (comment required Jury Duty (verification required)	JD	28	29	30				
COMMENTS	:			I ce	rtify that the above	information, includi	ng hours worked, is	true and correct.
				EN	MPLOYEE'S NAME (Please	print)		ID#
				EN	MPLOYEE'S SIGNATURE			WORK SITE
				т	TLE	CLASSIFIED/CI	ERTIFICATED	HOURS PER DAY

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May 2024

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
·	use W NW				1	2	3	4
Chosen Non Workday (CS full y certificated staff on Holiday	CNW year nly)	5	6	7	8	9	10	11
Sick Leave	SL		ı	I	l	ı	ı	
Personal Necessity	PN	12	13	14	15	16	17	18
Public Health Order	РНО							
Vacation	VA	19	20	21	22	23	24	25
Float Day CATEGORIES BELOWMUST INCLUDE COMME or VERIFICATION		19	20	21	22	23	24	25
Bereavement (comment required) Jury Duty (verification require	JD	26	27	28	29	30	31	
COMMENTS:				I ce	ertify that the above	e information, includ	ding hours worked, is	true and correct.
					MPLOYEE'S NAME (Pleas	e print)		ID#
					MPLOYEE'S SIGNATURE			WORK SITE
				т	TITLE	CLASSIFIED/	CERTIFICATED	HOURS PER DAY

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June 2024

				K			
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LEGEND (Only use these Codes)							1
Workday W							
Non Workday NW							
Chosen Non CNW Workday (CS full year certificated staff only)	2	3	4	5	6	7	8
Holiday H							
Sick Leave SL	9	10	11	12	13	14	15
Personal Necessity PN							
Public Health PHO Order	16	17	18	19	20	21	22
Vacation VA Float Day FD							
CATEGORIES BELOW <u>MUST</u> INCLUDE COMMENT or VERIFICATION AS	23	24	25	26	27	28	29
Bereavement BR (comment required)	30						
Jury Duty JD (verification required)							
COMMENTS:			I co	ertify that the above	information, includ	ing hours worked, is	true and correct.
				EMPLOYEE'S NAME (Please	print)		ID#
				EMPLOYEE'S SIGNATURE			WORK SITE
			<u> </u>	TITLE	CLASSIFIED/C	ERTIFICATED	HOURS PER DAY
D. 1. 1 D.1			-	ABDIELED DV. CICNAMUSE	OR GURRRUMON OR PRO	CNEE	