Luckiamute Valley Charter Schools TIME SHEET

Month/Year	20	21	22	23	24	25	26	27	28	29	30	31							
Sick/Personal Leave																			
Month/Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Sick/Personal Leave																			
PLEASE COMMENT ON REASON WORKING OVER SCHEDULED HOURS																			

ABSENCE CODES

SL	Sick Leave	NP	No Pay
PL	Personal Leave	JD	Jury Duty
VA	Vacation	Н	Holiday
X	Weekend	BE	Death in Family

Additional Notes - Office Use

HOURS							
TOTAL REGULAR HOURS							
SICK LEAVE							
PERSONAL LEAVE TIME							
SUPERVISOR: Initial to verify time							
CAADI OVEE TAIFODAA ATTONI							
EMPLOYEE INFORMATION							
I hereby certify that this is a true and correct report of the indicated.	e time worked during the dates						
SIGNATURE	DATE						
PRINT NAME							
SUBSTITUTED FOR							