



**Department of
Education**

**TIME REPORT FOR EMPLOYEES
EXCUSED FROM RECORDING ATTENDANCE ON TIME CLOCK
DIVISION OF SCHOOL FACILITIES**

Name of Employee (Please Print)

Period Covered

Title:

						EMPLOYEES ARE NOT TO WRITE IN THESE SPACES						
Morning In	Noon		Night Out	Explanation	Charge to							
	Out	In			PD	19	Sick Leave	Vacation	Late ness	Over time		
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Grand Total												

I hereby certify that the above time record is a true and correct statement of my attendance, and that I have been actually present in the performance of my official duties for the period covered, except as indicated above.

Signature of Employee

Signature of Immediate Supervisor