



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

Table with columns: Morning In, Noon Out In, Night Out, Explanation, PD, 19, Sick Leave, Vacation, Late ness, Over time. Includes a Grand Total row at the bottom.

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