



**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	Noon		Night	Explanation	Charge to								
	In	Out	In		Out	PO	19	Sick Leave	Vacation	Late ness	Over time		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
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



**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	Noon		Night	Explanation	Charge to							
	In	Out	In		Out	PO	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



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:

Table with columns for Morning (In), Noon (In/Out), Night (Out), Explanation, and Charge to (PO, 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