

**CANBY SCHOOL DISTRICT
MONTHLY TIME SHEET**

Use one time sheet per position. Complete hours daily and turn in to your immediate supervisor on the last working day of the month. Indicate if other than regular working day by referring to the Absence Key below.

Name _____ Employee # _____ School _____

Position Code _____ Regular Substitute

Month _____ 20_____

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.

KEY TO ABSENCES:

- BR BEREAVEMENT LEAVE
- CT COMP TIME USED
- H HOLIDAY
- IW INCLEMENT WEATHER
- J JURY DUTY
- N/C NON-CONTRACT
- P PERSONAL
- S SICK LEAVE
- UL UNPAID LEAVE
- V VACATION

TOTAL HOURS _____

COMMENTS: Indicate hours worked in a different capacity or area.

NOTE: The Supervisor/Designee signature indicates that leave times are appropriate as charged.

The Payroll Department will determine the status of the individual's leave eligibility. Any hours used in excess of available hours, per the negotiated or individual contract, will result in a salary reduction.

I CERTIFY THIS IS A TRUE STATEMENT OF HOURS DUE ME DURING THIS TIME PERIOD.

Employee Signature Date

Supervisor/Designee Signature Date

PAY DATE INFORMATION
Payroll cut-off date is the last day of the calendar month.

Canby School District is an equal opportunity educator and employer.

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