

**PALO VERDE COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEES TIME REPORT**

Name: _____ **Employee #** _____

For the period from _____, 20__ **To** _____, 20__ **Pay Period #** _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

PAYMENT CODE
 1. Employees on monthly pay indicate number of hours worked.
 2. Employees working on hourly overtime or substitute basis use reverse side. Substitutes indicate absent employees.

ABSENCE CODE
 A – Absent (No Pay)
 S – Sick Leave
 B – Bereavement Leave (_____)
 V – Vacation (_____)
 H – Holiday
 O – Other * (_____)
 FI – Family Illness * explain
 I – Industrial Leave
 SB – School Business
 J – Jury Duty
 P – Personal
 C – Comp Time

I HEREBY CERTIFY that I have worked on all regularly assigned hours and days except as noted.

Signature of Employee

Approved Supervisor's Signature