Department/Location/Division

Calendar Month Time Report

Month and Year of Payroll

EMPLOYEE NAME (LAST, FIRST MIDDLE)	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

Purpose: This form serves as the primary document to initiate payroll related payments.

Instructions: This form must be completed and electronically submitted to the Payroll Department to initiate a payroll warrant. Please refer to the Payroll Schedule for due dates.

For every day of absence indicate the number of hours absent and the type of absence using the following:

I = Illness; B = Bereavement; V = Vacation; J = Jury Duty; S = Subpoena (District Business Only);

P = Personal Business (Unpaid); N = Necessity Leave; WI = Work Injury

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

AUTHORIZED SIGNATURE AND TITLE