

MARIPOSA COUNTY UNIFIED SCHOOL DISTRICT and MARIPOSA COUNTY OFFICE OF EDUCATION

EMPLOYEE TIME SHEET

Employee Absence Codes

S Sick
 PN Personal Necessity
 PD Personal Necessity Discretionary
 V Vacation
 WC Workers Compensation
 J Jury Duty
 B Bereavement

 (School Site)

 (Pay Period)

 (Name)

 (SSN)

Date	Person Absent	Reason for Absence / Extra pay / Absent Deduct	# Hrs # Pds	# Days	Date		HOURS	
					1			
					2			
					3			
					4			
					5			
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
Totals					20			
ACCT CODE FOR BUSINESS OFFICE USE ONLY			Total		21			
FD.S-RS__-Y-OBJ_.S0-GOAL-FNCT-SCH-MG-USR					22			
					23			
					24			
					25			
					26			
					27			
					28			
					29			
I hereby certify that this timesheet is a determination of actual effort expended for the period indicated and					30			
that I have full knowledge of 100 percent of these activities.					31			

Employee Signature: _____

Approved By: _____