

**GJUESD CLASSIFIED EMPLOYEE TIME RECORD**  
**PAYROLL PERIOD: JANUARY 21, 2024 THROUGH FEBRUARY 20, 2024**

**NAME:** \_\_\_\_\_ **EMPLOYEE ID:** \_\_\_\_\_ **ABSENCE CODES:**  
*1 - Pers Ill/Med Appt    5 - Worker's Comp    9 - School Bus.*  
**POSITION:** \_\_\_\_\_ *2 - Pers. Necessity    6 - Non-Work Day    14 - Jury Duty*  
**LOCATION:** \_\_\_\_\_ *3 - Pers. Reason    7 - Comp Time*  
**CAFETERIA:** (circle one) CACFP NSLP *4 - Vacation    8 - Bereavement*

5 MIN = 0.08      15 MIN = 0.25      25 MIN = 0.42      35 MIN = 0.58      45 MIN = 0.75      55 MIN = 0.92  
10 MIN = 0.17      20 MIN = 0.33      30 MIN = 0.50      40 MIN = 0.67      50 MIN = 0.83

\* Personal reason leave may not be used before or after a holiday or recess period.  
\* Absence over 5 days need to be reported to Human Resource Department.  
\* If you work more than one job classification, work extra or overtime, please record that time on a separate timesheet.

DATE	HOURS WORKED	HOURS ABSENT	ABSENCE CODE	FRONTLINE JOB ID #	REASONS:
1/21/24	SUNDAY				
22					
23					
24					
25					
26					
27	SATURDAY				
28	SUNDAY				
29					
30					
31					
2/1/24					
2					
3	SATURDAY				
4	SUNDAY				
5					
6					
7					
8					
9					
10	SATURDAY				
11	SUNDAY				
12	HOLIDAY			LINCOLN'S BIRTHDAY	
13					
14					
15					
16					
17	SATURDAY				
18	SUNDAY				
19	HOLIDAY			PRESIDENT'S DAY	
20					

I hereby certify that I have performed the duties as reported herein.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SUPERVISOR'S APPROVAL: \_\_\_\_\_

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**OFFICE USE ONLY:**

FRONTLINE CONFIRMED: ☐      ABSENCE TRACKING: ☐      RECEIVED DATE: \_\_\_\_\_