

**GJUESD CLASSIFIED EMPLOYEE TIME RECORD**  
**PAYROLL PERIOD: MAY 21, 2024 THROUGH JUNE 20, 2024**

ABSENCE CODES:

**NAME:** \_\_\_\_\_ **EMPLOYEE ID:** \_\_\_\_\_ 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:
5/21/24					
22					
23					
24					
25	SATURDAY				
26	SUNDAY				
27	HOLIDAY			MEMORIAL DAY	
28					
29					
30					
31					
6/1/24	SATURDAY				
2	SUNDAY				
3					
4					
5					
6					
7				LAST DAY OF SCHOOL	
8	SATURDAY				
9	SUNDAY				
10					
11					
12					
13					
14					
15	SATURDAY				
16	SUNDAY				
17					
18					
19	HOLIDAY			JUNETEETH	
20					

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

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

\*\*\*\*\*

**OFFICE USE ONLY:**

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