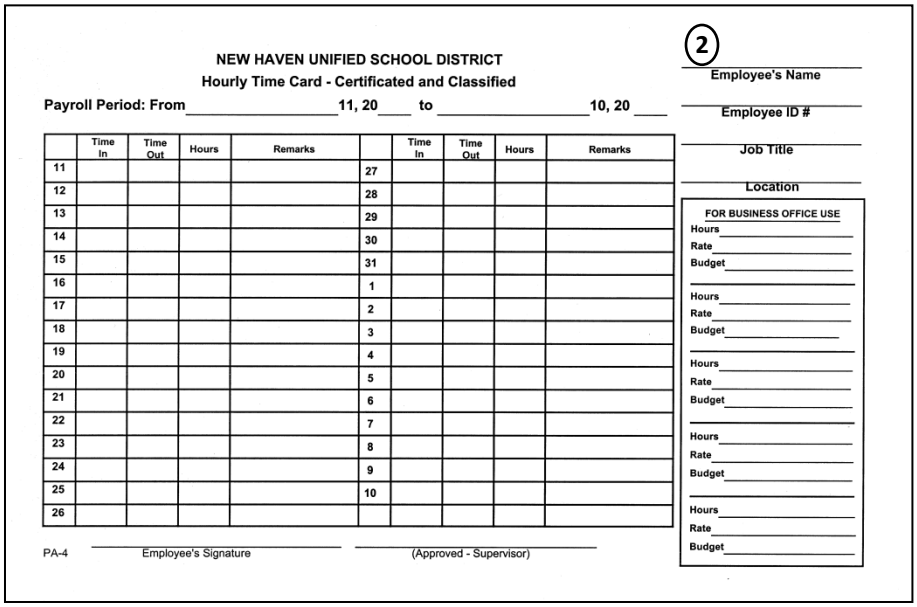
Instructions for Completing Time Cards

White Time Cards:
Use for all regular teachers and long term substitutes
Use for all classified substitutes and classified additional hours

(2) Please write last name, first name. Do not use nicknames.

Please make sure to include time in, time out and total hours (less any lunch.)
Certificated: Under "Remarks," please note type of school business.
Classified: Under "Remarks," please note name of person you're subbing for.



NEW HAVEN UNIFIED SCHOOL DISTRICT
Hourly Time Card - Certificated and Classified

Payroll Period: From _____ 11, 20___ to _____ 10, 20 ___

(2) Employee's Name
Employee ID #
Job Title
Location

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

FOR BUSINESS OFFICE USE
Hours / Rate / Budget (repeated)

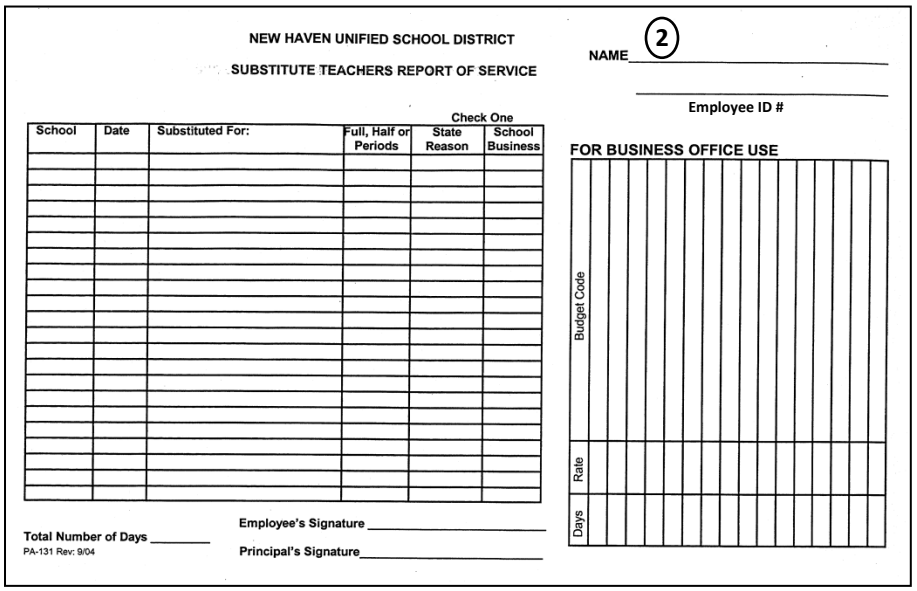
PA-4 Employee's Signature (Approved - Supervisor)

Blue Time Cards:
Use for certificated substitutes only

(2) Please write last name, first name. Do not use nicknames.

Please make sure to include school site, "substituted for" and either full, half or periods.

Please state if absence is personal or school business.



NEW HAVEN UNIFIED SCHOOL DISTRICT
SUBSTITUTE TEACHERS REPORT OF SERVICE

NAME (2)
Employee ID #

School	Date	Substituted For:	Check One: Full, Half or Periods	State Reason	School Business

FOR BUSINESS OFFICE USE
Budget Code
Rate
Days

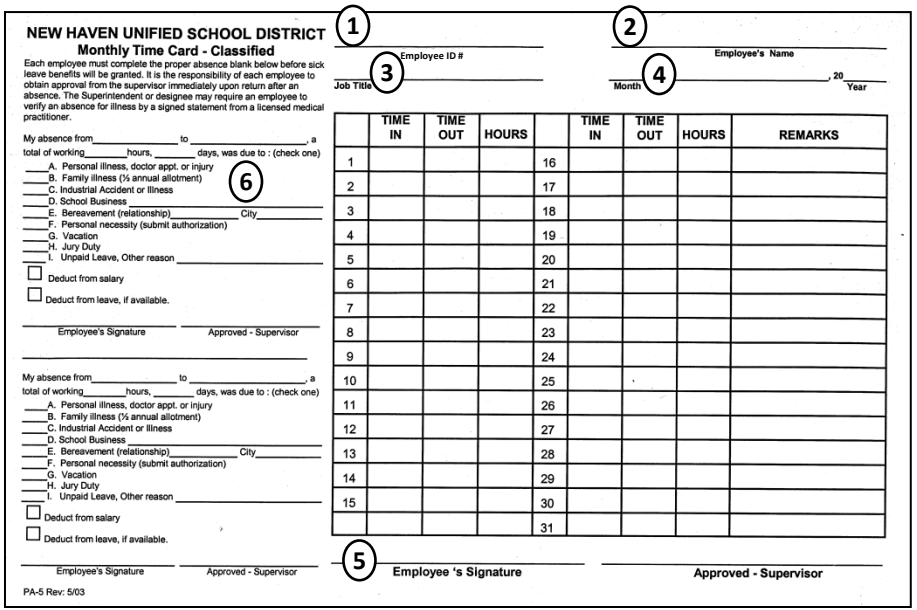
Total Number of Days _____
Employee's Signature _____
Principal's Signature _____
PA-131 Rev: 9/04

Green Time Cards:
Use for all 10/11/12-month classified in a position

(1)-(5) must always be completed.

(2) Please write last name, first name. Do not use nicknames.

Please make sure to include time in, time out and total hours (less any lunch.)
(6) If you are absent, complete the information in the area on left or on the back to give reason. School business, bereavement and unpaid must have additional explanation.



NEW HAVEN UNIFIED SCHOOL DISTRICT
Monthly Time Card - Classified

(1) Employee ID #
(2) Employee's Name
(3) Job Title
(4) Month _____, 20 Year

Each employee must complete the proper absence blank below before sick leave benefits will be granted. It is the responsibility of each employee to obtain approval from the supervisor immediately upon return after an absence. The Superintendent or designee may require an employee to verify an absence for illness by a signed statement from a licensed medical practitioner.

My absence from_____ to _____, a total of working_____hours, _____ days, was due to : (check one)
___A. Personal illness, doctor appt. or injury
___B. Family illness (½ annual allotment)
___C. Industrial Accident or Illness
___D. School Business _____
___E. Bereavement (relationship)_____ City_____
___F. Personal necessity (submit authorization)
___G. Vacation
___H. Jury Duty
___I. Unpaid Leave, Other reason _____
(6)
☐ Deduct from salary
☐ Deduct from leave, if available.

Employee's Signature / Approved - Supervisor

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

(5) Employee 's Signature
Approved - Supervisor

PA-5 Rev: 5/03