

EXETER UNIFIED SCHOOL DISTRICT
TIME CARD

Last Name _____	First Name _____	Last 4 numbers of SS# _____
Time Period Start: _____ /1/ _____		Time Period End: _____ /31/ _____
Site _____ Number of Contracted Hours _____ Job Title _____		

Date	Contracted Hrs	Over Contracted Hrs	Absence Symbol	Explanation	Night Diff	Payroll Use Only
1						
2						
3						
4						
5						
6						
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28						
29						
30						
31						

YOUR SIGNED TIME CARD MUST BE TURNED IN TO YOUR SUPERVISOR NO LATER THAN THE LAST WORKING DAY OF EVERY MONTH UNLESS YOU ARE DIRECTED OTHERWISE.

ABSENCE SYMBOLS:

<i>B-BEREAVEMENT (Relationship of deceased must be noted)</i>	<i>PN-PERSONAL NECESSITY (Immediate Family & Reason must be noted)</i>
<i>C-COMP TIME</i>	<i>S-SICK LEAVE (For Employee Only i.e. Doctor Appointment)</i>
<i>J-JURY DUTY</i>	<i>SB-SCHOOL BUSINESS (Reason must be noted)</i>
<i>PB-PERSONAL BUSINESS (1 Day per year- Does not carry over to the following year)</i>	<i>V-VACATION</i>
	<i>WC-WORKER'S COMPENSATION (Absence related to work related injury)</i>

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE