

Certificated Time Card (C1)

Employee Name (Last, First):			Emplo	oyee ID Numb	er					
Location Name and Number				Position Title						
Combo Code:										
Attendance Reporting	Enter time in	and time out	for each day w	orked (For ex	ample: "8:00	am" in and "1	2:00 pm" out)			
Date: (MM-DD-YY)	Mon	Tue	Wed	Thu	Fri	Sat	Sun			
Time In										
Time Out										
Time In										
Time Out										
Type of Work Insert Time the "Time In" and "Time Out"			total service ho	ours performed	d into correspo	onding columr	s according to			
TRC (from List Below)	Total Hours									
Total Hours										
Reason for Hours Work	æd									
Signatures										
Employee Signature By signing, I certify that the inforn	nation I provided	l is accurate and	l true.		Date					
Supervisor Approval Signature continuation is certify this to be an accurate state	ement of service	es rendered by t	his employee.		Date					
Fimekeeper Signature		Date								
Time Reporting Code services rendered and applic	S Refer to SD able rates of p	EA Collective bay.	pargaining Agre	ement and Ma	anagement Sa	lary Rules for	guidance on			

CHR	Certificated Regular Time- Hourly Employees Only- Will not pay on a salaried job										
AED	Adult Ed	EDR	Ext Day Reading	PTCL	Primetime Classroom Hrly	wcc	CDC Wkshp Attendance				
CRH	Classroom Hourly	HMG	Hourly Management	PTTU	Primetime Tutoring Hrly	WKC	Workshop Certificated				
CRW	Curriculum Writing	MOV	Facility Move- VT Rate	PRO	Pro-Rata	WKM	Workshop Management				
CSP	CDC Special Project	MPB	Move Prop/Bond Work	SAT	Saturday School	WKP	Workshop Presenter				
ECC	Emergency Class Coverage	NHM	Non-Hourly Mgmt	SPV	Supervision	WPC	CDC WKSHP Presenter				
EDM	Ext Day Math	NCT	Non-Class Teaching	TUT	Tutoring	WPS	Working Prep as a Sub				