

Classified Time Card (L1)

Week of (Beginni	ng with	Monda	ıy):						
Employee Name (Last, First):				Emplo	yee ID Num	ber			
(2000)					,, 00 12	.			
Lastina Nama and Nom	- l			Diti	Till -				
Location Name and Number				Positio	Position Title				
Combo Code:									
ttendance Repor					orked. (For e	example; "8:00	am" in and "1	2:00 pm"	
ut). NOTE: All overtin Date: (MM-DD-YY)		e pre-ap Mon	Tue	wr Manager. Wed	Thu	Fri	Sat	Sun	
Time In									
Time Out									
Γime In									
Fime Out									
ype of Work Add to	otal hours	under day	worked based	on times repo	orted above.				
Classified Hourly Pay TRC = LHR									
Extra Time TRC = EXTRA									
Overtime Straight TRC = OTS									
Overtime & a Half TRC = OTH									
Overtime Double TRC = OTD									
Workshop									
TRC = WKL Workshop Overtime									
TRC = WKLOT									
Total Hours									
Reason for Hours V	Vorked								
ignatures									
mployee Signature						Date			
signing, I certify that the	information	I provided	is accurate and t	rue.					
pervisor Approval Signa						Date			
ertify this to be an accurat	te statement	of service.	s rendered by thi	s employee.					
anager Approval Signatu ertify this to be an accurat						Date			
imekeeper Signature						Date			
Classified Hourly Pay	Classified h	ourly empl	oyees only- Will	not pay on a s	alaried iob				
Extra Time			on to the normal			ıy			
Overtime and a Half			time in excess of						
Overtime Straight	1 x Hourly								
Overtime Double	2 x Hourly								
Workshop	Workshop a	attendance							
Workshop Overtime	Overtime w								