

UNION SCHOOL DISTRICT

Work Site: _____

Monthly Attendance Sheet for Regular Employees

Management

Classified

Itinerant/Certificated

Social Security Number (Last Four Digits Only): _____

Name (Please Print): _____
Last First

Base Hours Per Day: _____

Employee Signature: _____

Payroll Month Ending: _____ / _____ / _____
Month Day Year

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
1. Worked																																	0.0
2. Non Work Day																																	0.0
3. Sick																																	0.0
4. Vacation																																	0.0
5. Holiday																																	0.0
6. Personal Necessity																																	0.0
7. Personal Business																																	0.0
8. Family Illness (classified only)																																	0.0
9. Bereavement																																	0.0
10. School/District Business																																	0.0
11. Judicial Leave																																	0.0
12. Unpaid Leave																																	0.0
13. Workers Compensation																																	0.0
14. Association Leave (UDEA/CSEA only)																																	0.0
15. Comp Time Accrued (Classified only)																																	0.0
16. Comp Time Taken (Classified only)																																	0.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

Distribution:

White = Payroll

Yellow = Employee

Pink = Site/Dept

Supervisor Signature: _____

I certify that to the best of my knowledge this report is true and correct