




ENCSD Timesheet

EMPLOYEE: _____

EXEMPT ____ NON-EXEMPT _____

PERSONNEL NUMBER: _____

DEPT _____

Attendance	A/A Code	Sun	Mon	Tues	Wed	Thurs	Friday	Sat
Date		Date	Date	Date	Date	Date	Date	Date
Time Worked	9500							
Additonal Hours Worked	9510							
Other								
Other								
Absence	A/A Code							
Approved Leave	9000							
Sick Leave	9200							
Holiday Leave	9300							
LWOP	9400							
**OTHER:								

Comments: _____

Other Attendance Codes:	
Adverse Weather 9545	WC Injury 9680
Personal Observance Leave 9571	Adv Weather Make Up 9512
Civil Leave/Jury Duty 9550	
Community Service Leave 9560	

EMPLOYEE SIGNATURE _____ DATE: _____

SUPERVISOR SIGNATURE _____ DATE: _____