

Early Learning & Care Department Staff Time Sheet

Name: _____ Position: _____
 Month: _____ Location: _____

							TOTAL PER DIEM WORKED	ABSENCE CODE (FORM 12)	TOTAL HOURS ABSENT	NOTES
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T										
W										
Th										
F										
M										

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I certify that all the above hours worked and absent are correct and that I have turned in completed and signed Employee Absence Report(s) (Form 12s) to account for all absences listed above.

Completed & Signed _____