

Name Elated Lotus  
 Employee # 1001099

Month/Year August 2016

Colton School District 53  
**CLASSIFIED / CONFIDENTIAL**  
**MONTHLY TIME CARD**

Location Elementary  
 Budget Code \_\_\_\_\_

Month/Year September 2016

Date	Hours Worked			Leave Hours	
	Regular	Additional	*Code	Hours	**Code
11					
12					
13					
14					
15	4				
16	4				
17	4				
18				4	V
19					
20					
21					
22	3.5			.5	S
23	4				
24	3			1	F
25	4				
26					
27					
28					
29	4				
30	2			2	P
31	1.5			2.5	B

Date	Hours Worked			Leave Hours	
	Regular	Additional	*Code	Hours	**Code
1	4				
2					
3					
4					
5				4	H
6	4				
7	4				
8	4				
9					
10					

Hours Worked  
 Regular Hours 50  
 Additional Hours \_\_\_\_\_  
**Total Work Hours** 50

Leave Hours  
 Sick Leave Hours S .5  
 Family Illness Hours F 1  
 Personal Hours P 2  
 Bereavement Hours B 2.5  
 Paid Holiday Hours H 4  
 Vacation Hours V 4  
 Other Paid Hours \_\_\_\_\_  
**Total Leave Hours** 14

**Total Hours** 64

- \*Additional Hours Worked Codes:  
 A = Activity  
 T = Training  
 CE = Compensation Time Earned  
 (Attach Authorization for Overtime Work form)  
 OT = Overtime Hours  
 (Attach Authorization for Overtime Work form)
- \*\*Leave Hours Codes:  
 S = Sick Leave  
 F = Family Illness  
 P = Personal  
 B = Bereavement  
 H = Paid Holiday  
 V = Vacation  
 J = Jury Duty  
 O = Other Paid Hours  
 UP = Unpaid Hours  
 NC = Non-Contract Hours  
 CU = Compensation Time Used  
 EC = Emergency Closure

**PAYROLL USE ONLY**

Compensation Hours  
 Compensation Hours Accrued \_\_\_\_\_  
 Compensation Hours Earned \_\_\_\_\_  
 Compensation Hours Used \_\_\_\_\_  
**Total** \_\_\_\_\_

I certify this is a true statement of all hours worked for the Report Period.  
Elated Lotus 9/8/16  
 Employee Signature Date

White ... Payroll  
 Yellow .. Department  
 Pink..... Employee

See Instructions on Reverse Side

Supervisor / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Colton School District 53  
CLASSIFIED / CONFIDENTIAL  
MONTHLY TIME CARD**

Name \_\_\_\_\_

Employee # \_\_\_\_\_

Month/Year \_\_\_\_\_

Location \_\_\_\_\_

Budget Code \_\_\_\_\_

Month/Year \_\_\_\_\_

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	Regular	Additional	*Code	Hours	**Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Hours Worked**

Regular Hours \_\_\_\_\_

Additional Hours \_\_\_\_\_

**Total Work Hours** \_\_\_\_\_

**Leave Hours**

Sick Leave Hours \_\_\_\_\_

Family Illness Hours \_\_\_\_\_

Personal Hours \_\_\_\_\_

Bereavement Hours \_\_\_\_\_

Paid Holiday Hours \_\_\_\_\_

Vacation Hours \_\_\_\_\_

Other Paid Hours \_\_\_\_\_

**Total Leave Hours** \_\_\_\_\_

**Total Hours** \_\_\_\_\_

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I certify this is a true statement of all hours worked for the Report Period.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

PAYROLL USE ONLY	
<b>Compensation Hours</b>	
Compensation Hours Accrued	_____
Compensation Hours Earned	_____
Compensation Hours Used	_____
<b>Total</b>	_____

White ... Payroll  
Yellow ... Department  
Pink ..... Employee