

Eastmont School District #206
Absence Report/Additional Time Worked
Certificated Staff

Month: _____

Year: _____

Employee's Name (Please Print) _____

Position _____

Employee's Signature _____ Date _____

Location _____

Administrator Signature _____ Date _____

Account # _____

Report hours to the nearest fifteen (15) minutes.

Date:	Sick/Emerg. Leave	Personal Leave	Other Leave	Additional Time Worked	Total	Explanation, Notes and/or Budget #
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:						

Absence Report/Additional Time Sheets not received by Payroll by the 5th of the month will be processed the following month.