

**Eastmont School District #206**  
**Time and Attendance Report**  
*(Including Optional Days)*

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:	Contract Hours	Extra Hours	Sick Leave	Emergency Leave	Personal Leave	Bereavement Leave	Other	Total
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								
<b>Total:</b>								