

PRINCETON JOINT UNIFIED SCHOOL DISTRICT

MONTHLY TIME CARD

Month:

EMPLOYEE NAME:

JOB TITLE:

DAY OF MONTH	W = Worked A = Absent	ABSENCE		REMARKS (if necessary)	ABSENCE CODES	
		CODE	HOURS			
1					SB	School Business
2					CP	Comp Day
3					MA	Medical Appointment
4					IL	Illness, Injury, or Hospitalized
5					PN	Personal Necessity
6					NT	No Tell
7					B	Bereavement
8					IA	Industrial Accident or Illness
9					H	Holiday
10					V	Vacation (classified only)
11					NDD	Non-Duty Day (admin only)
12					PB	Personal Business (non-paid)
13						
14					Notes	
15						
16					IL:	Illnesses longer than three (3) consecutive days require a statement from your medical professional.
17						
18						
19						
20					B:	For bereavement leave, please list your relationship to the deceased.
21						
22						
23					CP:	A maximum of two comp days may be earned and used per year.
24						
25						
26					NT:	No tell days are limited to three per year
27						
28						
29						
30						
31						

Office use only (Time used)

V: ____ S: ____ C: ____

Employee Signature _____ Date _____

Administrator Signature _____ Date _____