



Santa Cruz County
Office of Education
MICHAEL C. WATKINS, SUPERINTENDENT

Attendance Timesheet- Regular **CERTIFICATED** Employee

Month

Year

Employee (Last Name)

(First Name)

SSN XXX-XX- (Last 4 digits only)

Department

Instructions Available Online

* Reason Codes	
H	Holiday
SB	School Business
S	Sick Leave

*OL - OTHER LEAVE (Record time Absent)
Other Leaves require approval on a separate PERSONNEL LEAVE REQUEST FORM

Bereavement	Personal Necessity	Military Leave
Family Medical Leave	Sick Leave 5+ Days	Jury Duty/Witness
Industrial Accident & Illness	Unpaid Leave	Unpaid Disability Leave
		Other

Date	Regular(days worked)	Leave(days not worked)	* Reason Code	Reason
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Total Days Worked

DATE:

EMPLOYEE'S SIGNATURE

DATE:

SUPERVISOR'S SIGNATURE

For Payroll Use Only

CHANGES: Sick Leave PN PB

BALANCES: Sick Leave PN PB