

CASCADE SCHOOL DISTRICT

Time and Attendance Report

Name: _____

Building: _____

Check Location: _____

Report From: _____

TO: _____

Asgt Start _____

Asgt Stop _____

Asgt. Hours _____

Account Code _____

Pay Code _____

Total Hours: _____

Date	Contract Hours	Extra Hours	Sick/ Emerg. Leave	Personal Leave	Other Leave	Total	Budget # or Notes
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							

I certify that for the period _____ to _____ I worked this schedule.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____