

Certificated Time Card (C1)

Week of (Beginning with Monday):

Employee

Name (Last, First):

Employee ID Number:

Location Name and Number:

Position Title:

Combo Code:

Attendance Reporting

Mark time in and time out for each day worked (i.e. 8 a.m. in and 10 a.m. out). In type of work below, mark total hours worked each day based on these times.

Date: (MM-DD-YY)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time in							
Time out							
Time in							
Time out							

Type of Work-Insert Time Reporting Code (TRC) for service performed and total hours based on in/out times above.

TRC from List Below	Total HRS						
Total							

Reason for Hours Worked	
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Signatures

Employee Signature

By signing, I certify that the information I provided is accurate and true.

Date

Approval Signature

I certify this to be an accurate statement of services rendered by this employee.

Date

Timekeeper Signature

Date

Time Reporting Codes (Refer to SDEA Collective Bargaining Agreement and Management Salary Rules for guidance on services rendered and applicable rates of pay.)

AED	Adult Ed	EDR	Extd Day Read	SPV	Supervision	WKM	Wkshp Mgmt
CRH	Classrm Hrly	HMG	Hrly Mgmt	SPE	Supervision After 6pm	WKP	Wkshp Presenter
CRW	Curriculum Writ	NHM	Non-Hrly Mgmt	TUT	Tutoring	WPC	CDC Wkshp Presenter
CSP	CDC Spec Proj	NCT	Non-Class Tchg	WCC	CDC Wkshp Attend	WPS	Wrkg Prep as Sub
EDM	Extd Day Math	SAT	Saturday Schl	WKC	Wkshp Certificated	PRO	Pro-Rata
PTCL	Prime Time Classroom Hourly			MOV	Facility Move-VT Rate		
PTTU	Prime Time Tutoring Hourly						