LUNCHROOM MONITOR SUBSTITUTE

EMP # _____   **NAME** _____

Grand Total Hours Per Job For 2 Week Period

	ORG. CODE	OBJECT			CONTRACT	NON-CONTRACT	O.T.	EXT	ODE
1	**5101**	**0150**							**8213**
2									
3									
4									
5									

Job Title **LR MONITOR SUB**	Job Title **2**	Job Title **3**	Job Title **4**	Job Title **5**		Job Title **LR MONITOR SUB**	Job Title **2**	Job Title **3**	Job Title **4**	Job Title **5**

Sat Date — In/Out/In/Out

Sun Date — In/Out/In/Out

Mon Date / Time — In/Out/In/Out/In/Out

Tue Date / Time — In/Out/In/Out/In/Out

Wed Date / Time — In/Out/In/Out/In/Out

Thur Date / Time — In/Out/In/Out/In/Out

Fri Date / Time — In/Out/In/Out

Week 1 Totals	Week 2 Totals
Regular	
Overtime	

Pay Period Covered: Beginning Date _____   Ending Date _____

Employee's Signature* _____   Supervisor's Signature* _____

* We the above signed do hereby certify that all statements made hereon are true to the best of our knowledge
knowing that any misrepresentation later disclosed may cause loss of right to certification, appointment or employment.
We also certify that the above named is a true signature of said employee and that we together have examined the record of time worked, and that the same is correct.

LEAVE HOURS USED

SL _____   **PL** _____   **EL** _____   **VAC** _____   **JD** _____   **FML/ML** _____

SL - SICK LEAVE   PL - PERSONAL LEAVE   EL - EMERGENCY LEAVE   VAC - VACATION   JD - JURY DUTY   FML / ML - (FAMILY) MEDICAL LEAVE
ATTACH CHECK FOR JURY DUTY.   PLEASE CONTACT THE PERSONNEL DEPARTMENT REGARDING FAMILY / MEDICAL LEAVE.
Principal / Supervisor has the responsibility of coding.   **Leave cards must be attached for hours not worked.**

ANY MISCALCULATION OF TOTAL HOURS MADE AT YOUR LOCATION WILL BE PAID ON THE NEXT PAY PERIOD.