

CERTIFICATED DAILY, AND EXTRA DUTY TIMESHEET



NAME _____ MONTH _____ YEAR _____

DATE	DAILY ASSIGNMENT	HOURLY ASSIGNMENT	ABSENCE REASON CODE	EXPLANATION: EXTRA DUTY OR DAILY ASSIGNMENT	ACCOUNT TO BE CHARGED/PROGRAM
1					
2					
3					
4					
5					
6					
7					
8					
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26					
27					
28					
29					
30					
31					
TOTALS					

SL Illness	WC Workers' Comp	PNL Personal Necessity (Includes family sick; limited)
H Holiday	JD Jury Duty	ML Maternity Leave
VA Vacation	WOP Without Pay	BR Bereavement (State Relationship)
CT Comp Time	RT Release Time	

I certify that all information is correct as indicated:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

FOR VCSBSA USE ONLY

ADJ CODE	# DAYS	# HOURS	PAY RATE	AMOUNT	ACCT NUMBER