

Calhoun County School District Timesheet and Request for Leave

Date Payroll Begins: _____

Date Payroll Ends: _____

Name: _____

Work Site: _____

Type	Reason	Hours	Date	REASON	
_____	_____	_____	_____	110 -Sick Leave	663-Military Leave
_____	_____	_____	_____	111 -Maternity	664 -Suspension with Pay
_____	_____	_____	_____	220-Personal	665-Worker's Comp (1 st 10 days)
_____	_____	_____	_____	330-Vacation	666 -Administrative Assignment
_____	_____	_____	_____	440-Unpaid	667-Bereavement*
_____	_____	_____	_____	442-Suspension W/Out Pay	670-In-City Field Trip/Conf/Wk Shop-No Sub
_____	_____	_____	_____	443-Worker's Comp (10+ days)*	671-In-City Field Trip/Conf/Wk Shop-Reg Sub
_____	_____	_____	_____	660-Jury Duty	680-Out-City Field Trip/Conf/Wk Shop-No Sub
_____	_____	_____	_____	661-School Board Witness	681-Out-City Field Trip/Conf/Wk Shop-Reg Sub
_____	_____	_____	_____	662-Non School Board Litigation	

WORKERS COMPENSATION

Date of Original Injury _____

Notes: _____

BEREAVEMENT

State Relationship _____

A copy of the obituary, etc. must be attached.

TEMPORARY DUTY LEAVE

Purpose _____

Destination _____

SUBSTITUTE INFORMATION: Name (Please Print)

Date

Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NO LEAVE REQUESTED FOR THIS PAY PERIOD

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____