

Licking Valley Local School District Time and Absence Sheet

Employee _____

Pay Ending Date _____

Department _____

Supervisor _____

Date	Time In	Time Out	Hrs. on Duty	Sick Leave	Personal Leave	Vacation	Deduct	Total Hours
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								

Date(s) of Absence _____ A.M. P.M. All Day

Reason for Absence

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Deduct | <input type="checkbox"/> Personal Leave (Obtained Prior Approval) |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Military | <input type="checkbox"/> Professional Leave (Obtained Prior Approval) |
| <input type="checkbox"/> Death in Family | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Other |

Total Hours Rate Total Gross

Employee
Signature

Supervisor
Signature