

DEPARTMENT TIME REPORT - WEEKLY SIGN-IN

Salaried

This form is used to record time worked and absences taken each week for each employee. An Absence Request / Certification form is also required for paid absences.

Location:		1. Record <u>exact</u> from / to (in / out) times worked or absent. Do not round. 2. Do not leave any workday blank. If absent, write time and absence code. 3. Record overtime / compensatory time worked on Overtime Request and Report.	Payroll Month:	
Department:			Year:	
Supervisor:			Week Ending:	

NAME		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		WEEKLY ABSENCE TOTALS (Supervisor to Complete)									
		Last	First	From	To	From	To	From	To	From	To	From	To	From	To										
EN:															AP	B	C	I	IA	PN	T	V			
JC:															Remarks:										
WS:															Remarks:										
	Remarks:														Remarks:										
EN:															AP	B	C	I	IA	PN	T	V			
JC:															Remarks:										
WS:															Remarks:										
	Remarks:														Remarks:										
EN:															AP	B	C	I	IA	PN	T	W			
JC:															Remarks:										
WS:															Remarks:										
	Remarks:														Remarks:										
EN:															AP	B	C	I	IA	PN	T	W			
JC:															Remarks:										
WS:															Remarks:										
	Remarks:														Remarks:										

Report Codes		Absence Authorization (A/A Codes)						I certify the information appearing on this time report is true and correct.			
EN = Employee Number	AP = Annual Physical	CT = Comp Time Taken	J = Jury Duty Paid	S = Subpoena	U - Unpaid Absence						
JC = Job Code	B = Breavement	I = Illness	PN = Personal Necessity	T = Tardy, Unpaid	UA - Union Activities, Paid						
WS = Regular/Work Schedule	C = Casual Absence	IA = Industrial Accident	PT = Paid Tardy, Unit 1 Only	W - Work Related	V = Vacation						
LACCD TA-5A 09/06/07							Supervisor's Signature		Date		