GLENN COUNTY OFFICE OF EDUCATION  
CLASSIFIED TIME SHEET (PRINT ON GREEN PAPER ONLY)

Name: __________________________ Department: Transportation  Job Title: __________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>REGULAR HOURS</th>
<th>OTHER HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN</td>
<td>OUT</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This timesheet is to be used by ALL EMPLOYEES to capture the end of the 18/19 fiscal year

Use for the time period of June 26, 2019 - June 30, 2019

Return to supervisor by Friday, June 28, 2019

Begin new sheet for July 1, 2019 - July 25, 2019

---

FOR OFFICE USE ONLY

__________ hours Extra Pay

__________ hours OT

__________ hours Dock

__________ hours Vacation

---

Employee  I hereby swear (or affirm) under oath that the information is correct.

________________________

Supervisor (If applicable)

________________________

Department Head (If applicable)

---

ABSENCE CODES:

B Bereavement  H Holiday  D Day Off w/o Pay  I In-lieu  J Jury Duty  EC Emergency Conditions  N Non Contract Day
P Personal Business  S Sickness/Injury/Hospital/Medical/Dental  W Worker's Comp Injury  V Vacation

---

Revised 02/2017