CLATSKANIE SCHOOL DISTRICT 6J

Pay Period: _____ Year: _____ School: _____

Name: _____ Position: _____

| Day | Leave Code | Leave Hours | Regular Contract Hours | Sub or Extra Hours | Rate $$ | Employees: Enter name of substitute during absence and special program/grant to be charged, if any. | Approval for Sub |
|---|---|---|---|---|---|---|---|
| 10 | | | | | | | |
| 11 | | | | | | | |
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| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| TOTAL HRS | | - | - | - | | Leave Codes: SL=Sick Leave; PB=Personal Leave; UL=Unpaid BL=Bereavement; PROF=Professional Leave; V=Vacation; J=Jury Duty; WC=Worker's Comp Injury | |

Required Signatures:

EMPLOYEE: SUPERVISOR:

| Leave Totals | Code | Total | For Payroll Use Only | Job Code | Account Number/Description | Hours | Rate |
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