

LIBERTY SCHOOL DISTRICT #362
Classified Employee Monthly Time Sheet / Absence Affidavit

NAME _____ MONTH(s) _____ / YEAR _____

Put time worked and leave taken below. List the number of hours on the appropriate line and total hours per day on the bottom row and the total hours worked per month at the far right.

| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total |
|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|----|-------|
| Time worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bereavement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vacation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| DATE | REASON FOR ABSENCE | | | | | | DESCRIPTION <i>Please Complete for Medical Leave</i> | APPROVED <i>Required for Personal Leave</i> | Name of Substitute | Hours |
|------|--------------------|-----------|-------------|----------|----------|-------|---|--|--------------------|-------|
| | Medical | Emergency | Bereavement | Personal | Vacation | Other | | | | |
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Habitual absences or absences exceeding three (3) days may require a certificate by a licensed physician and/or Return to Work Form if applicable or other satisfactory evidence of illness.

I hereby certify that the above employee was absent as completed above.

I hereby certify the foregoing to be a true and correct statement.

Supervisor Signature

Employee Signature