



SALIDA

FOR THE PAY PERIOD OF:

PRINTED NAME: _____ EMP ID # _____

THRU _____

EMPLOYEE SIGNATURE: _____

DATE: _____

DAY	DATE	PCA/ TRNG	E STREET	DAY SERV	MIXING BOWL	SLS PA ASST	SLS STATE	Pro Dir ASST	CM STATE	CM & ASST	OTHER	TOTAL HOURS WORKED	PAID TIME OFF	TOTAL WEEKLY HOURS
		715	705	745	745	191	193	795	125	120				
SUN	/													
MON	/													
TUE	/													
WED	/													
THU	/													
FRI	/													
SAT	/													
SUN	/													
MON	/													
TUE	/													
WED	/													
THU	/													
FRI	/													
SAT	/													
TOTALS:														

GRAND TOTAL

SUPERVISOR SIGNATURE: _____

SPECIFY PTO (PAID TIME OFF)

L=Leave H=Holiday J=Jury

F=Funeral C=CLB

WC=Worker's Compensation

ADDITIONAL DEPARTMENT NUMBERS

341 SPECIAL ED - SALIDA

FOR PAYROLL DEPT USE ONLY
