RITZVILLE SCHOOL DISTRICT

MONTHLY DECLARATION AND REPORT OF HOURS WORKED AND LEAVE TAKEN

EMPLOYEE LAST NAME FIRST MIDDLE

REPORTING PERIOD: MONTH YEAR

DAY OF MONTH:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	GRAND TOTAL HOURS
PROGRAM ACCOUNT NAME																																
OVERTIME HOURS WORKED																																
TOTAL HOURS WORKED																																
TOTAL HOURS LEAVE TAKEN																																

INSTRUCTIONS:

1. Fill in name and address and reporting period information.
2. Indicate actual hours per day by program account name and number.
3. Only classified staff report overtime worked.
4. Each day must have total hours worked or hours absent with leave codes.
5. Hours should be reported in 1/4 hour increments.
6. Sign and return original and department copy to supervisor on the first day following the close of the reporting period.
7. Sign in ink.

LEAVE CODES

TOTAL HOURS

- B=Bereavment
- J=Jury Duty
- S=Sick
- LW= leave without pay
- PD=Personal Day
- H=Paid Holiday
- E=Emergency
- V=Vacation

CERTIFICATION:

I hereby certify, under penalty of perjury, that this is a true and correct record of the number of hours worked or leave taken during the period stated and that no payment has been received by me on account thereof.

Employee Signature and Date

Supervisor Signature and Date