

Aleutians East Borough School District  
**CLASSIFIED EMPLOYEE MONTHLY TIMESHEET**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FOR THE PERIOD STARTING: \_\_\_\_\_ ENDING: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

OVERTIME: \_\_\_\_\_

16	17	18	19	20	21	22	23	24	25	<b>CODES</b>
										H: Holiday SL: Sick Leave PL: Personal Leave AL: Annual Leave ADM: Admin. Leave LWOP: Leave Without Pay
26	27	28	29	30	31	1	2	3	4	
5	6	7	8	9	10	11	12	13	14	

I hereby certify that the hourly figures stated for this pay period are true and accurate.

\_\_\_\_\_

Employee signature & date
Supervisor signature & date

**THIS FORM MUST BE IN THE BUSINESS OFFICE BY 5:00 P.M. ON THE 16TH!!**