Form 513 - 1

Position

JOB CODE

Name		School Month/Year	
	Hours Worked	Holidays and Leaves of Absence	Total Daily
Date	(Indicate Exceptions)	(Include Explanations)	Hours
Reg Hrs			
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			
		Total Hours	
Signature of I	Employee	Signature of Principal	
For Office Us	e Only:		
Adjustments:			

Hourly

Hours

Total \$ Adjustment (Excluding HP)