

**WASHOE COUNTY SCHOOL DISTRICT  
TIME AND ATTENDANCE REPORT**

*CLASSIFIED*

\*\* Type, Print or Affix Label \*\*

Location/Location #  
Employee Name/Employee I.D. #  
Position Description  
Position Code/Scheduled Hours/Pay Class  
Pay Period

			E000
/ /	through	/ /	

**Please Record "Leave" Information Only for Non-Hourly Employees**

	(1)	(2)	(3)	(4)	(5)	(6)							
Date	# of Hours	Hour Code	# of Hours	Hour Code	# of Hours	Hour Code	Date	# of Hours	Hour Code	# of Hours	Hour Code	# of Hours	Hour Code
1							16						
2							17						
3							18						
4							19						
5							20						
6							21						
7							22						
8							23						
9							24						
10							25						
11							26						
12							27						
13							28						
14							29						
15							30						
							31						
<b>Totals</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>					<b>0.00</b>		<b>0.00</b>	

Total Hours This Period (Columns (1)+(2)+(3)+(4)+(5)+(6)):

Approvals:

\_\_\_\_\_  
Prepared By

Notes:

\_\_\_\_\_  
Administrative Approval

\_\_\_\_\_  
Employee Signature

**Required Only If A Deduction From Pay is Made**