



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

CLASSIFIED PAYROLL EMPLOYMENT RECORD

PERMANENT EMPLOYEES

(MUST BE SUBMITTED BY THE 2ND OF THE MONTH)

PAY PERIOD _____ through _____ EMPLOYEE NAME (Print) _____

Date	Job Classification	Location	PERM Assign Addtl Hrs	Substitute Hours	Exempt Hours	Overtime Hours	CT Earned	CT Used	Leave Usage Hours (authorized)	Leave Code / Absent EE Name	Supervisor Approval (required for Sub and OT)
							Balance FWD				
1											
2											
3											
4											
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29											
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31											

HOURLY TOTALS

PERM Assign Addtl Hrs	Substitute Hours	Exempt Hours	Overtime Hours	CT Earned	CT Used	Leave Usage (authorized)

EMPLOYEE SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

ADMINISTRATOR'S APPROVAL (AS REQUIRED) _____

PRINT NAME: _____

PRINT NAME: _____

DO NOT WRITE BELOW THIS LINE – FOR PAYROLL USE ONLY

ASN	NO. HOURS	ACCOUNT NUMBER / PROGRAM OPTION	OTHER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____