

# Memorandum



**To:** All Employees of the Vineland School District

**From:** Dr. Matthew W. Ross, Superintendent

**Date:** August 12, 2013

**Subject:** *Policies and Procedures Bulletin- Employee Time Accounting (August 12, 2013)*

Effective immediately all Classified, Confidential, Itinerant Certificated, and substitute employees must complete the attached time sheet(s). All employees providing supplemental or additional duties for pay must attach a pre-approved Personnel Request to the time sheets.

Time sheets must be submitted to Business Services no later than 26th of each month for mid-month pay. If the 26th falls on a weekend or holiday all time sheets must then be submitted to Business Services no later than the last weekday prior.

All employees absent from their assigned duty must submit the attached Absence Slip to Business Services no later than the following day after returning to their assigned duty.

For any questions regarding this bulletin, please contact Business Services.

- CE
- CL
- CE Sub
- CL Sub/Hr

VINELAND SCHOOL DISTRICT  
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TIMESHEET  
REGULAR HOURS

Emp. ID: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_  Sunset  Vineland  VSD

- ASES  CA Endow/Health  CA Endow/Music
- Cafeteria  EIA  General Ed  MERSP  Migrant
- Period Sub  Title I  Title III  Transp.  Transp. Sp.

DATE	TIME IN	TIME OUT	LUNCH	REASON/ SUBSTITUTE FOR	TOTAL HOURS
/1/					
/2/					
/3/					
/4/					
/5/					
/6/					
/7/					
/8/					
/9/					
/10/					
/11/					
/12/					
/13/					
/14/					
/15/					
/16/					
/17/					
/18/					
/19/					
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/22/					
/23/					
/24/					
/25/					
/26/					
/27/					
/28/					
/29/					
/30/					
/31/					

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Total \_\_\_\_\_

Business Services (White) Employee (Pink) Worksite (Yellow)

- CE
- CL
- CE Sub
- CL Sub/Hr

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TIMESHEET  
SUPPLEMENTAL HOURS

Emp. ID: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_  Sunset  Vineland  VSD

- ASES  CA Endow/Health  CA Endow/Music
- Cafeteria  EIA  General Ed  MERSP  Migrant
- Period Sub  Title I  Title III  Transp.  Transp. Sp.

DATE	TIME IN	TIME OUT	LUNCH	REASON/ SUBSTITUTE FOR	TOTAL HOURS
/26/					
/27/					
/28/					
/29/					
/30/					
/31/					
/1/					
/2/					
/3/					
/4/					
/5/					
/6/					
/7/					
/8/					
/9/					
/10/					
/11/					
/12/					
/13/					
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/22/					
/23/					
/24/					
/25/					

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Total \_\_\_\_\_

Business Services (White) Employee (Pink) Worksite (Yellow)

- CL
- CE

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**ABSENCE SLIP**

Emp. ID #: \_\_\_\_\_

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

DATE	NUMBER OF HOURS ABSENT									NOTES
Month/Day/Year	Vacation	Sick Leave	Personal Necessity	Workers Comp	Jury Duty	Bereavement Leave	Off Without Pay	Extra Hours Worked	Comp. Time Taken	
										<ul style="list-style-type: none"> <li>All medical and release to work documents must be received prior to employees return to work date.</li> <li>Relationship required for Bereavement and Family Sick Leave.</li> <li>Reason for Extra Hours Worked.</li> </ul>

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date