Cost Center: LOCATION:
For Period Ending: 01/24/09 pp#2

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 01/11	MON 01/12	TUE 01/13	WED 01/14	THU 01/15	FRI 01/16	SAT 01/17	SUN 01/18	MON 01/19	TUE 01/20	WED 01/21	THU 01/22	FRI 01/23	SAT 01/24	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 02/07/09 pp#3

LOCATION:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 01/25	MON 01/26	TUE 01/27	WED 01/28	THU 01/29	FRI 01/30	SAT 01/31	SUN 02/01	MON 02/02	TUE 02/03	WED 02/04	THU 02/05	FRI 02/06	SAT 02/07	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

SCHOOL NAME:

Cost Center:
For Period Ending: 02/21/09 pp#4

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 02/08	MON 02/09	TUE 02/10	WED 02/11	THU 02/12	FRI 02/13	SAT 02/14	SUN 02/15	MON 02/16	TUE 02/17	WED 02/18	THU 02/19	FRI 02/20	SAT 02/21	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 03/07/09 pp#5

SCHOOL NAME:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 02/22	MON 02/23	TUE 02/24	WED 02/25	THU 02/26	FRI 02/27	SAT 02/28	SUN 03/01	MON 03/02	TUE 03/03	WED 03/04	THU 03/05	FRI 03/06	SAT 03/07	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

SCHOOL NAME:

Cost Center:
For Period Ending: 03/21/09 pp+6

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 03/08	MON 03/09	TUE 03/10	WED 03/11	THU 03/12	FRI 03/13	SAT 03/14	SUN 03/15	MON 03/16	TUE 03/17	WED 03/18	THU 03/19	FRI 03/20	SAT 03/21	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)
Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D,
VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 04/04/09 pp#7

SCHOOL NAME:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 03/22	MON 03/23	TUE 03/24	WED 03/25	THU 03/26	FRI 03/27	SAT 03/28	SUN 03/29	MON 03/30	TUE 03/31	WED 04/01	THU 04/02	FRI 04/03	SAT 04/04	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 04/18/09 pp#8

SCHOOL NAME:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 04/05	MON 04/06	TUE 04/07	WED 04/08	THU 04/09	FRI 04/10	SAT 04/11	SUN 04/12	MON 04/13	TUE 04/14	WED 04/15	THU 04/16	FRI 04/17	SAT 04/18	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

SCHOOL NAME:

Cost Center:
For Period Ending: 05/02/09 pp#9

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 04/19	MON 04/20	TUE 04/21	WED 04/22	THU 04/23	FRI 04/24	SAT 04/25	SUN 04/26	MON 04/27	TUE 04/28	WED 04/29	THU 04/30	FRI 05/01	SAT 05/02	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 05/16/09 pp#10

SCHOOL NAME:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 05/03	MON 05/04	TUE 05/05	WED 05/06	THU 05/07	FRI 05/08	SAT 05/09	SUN 05/10	MON 05/11	TUE 05/12	WED 05/13	THU 05/14	FRI 05/15	SAT 05/16	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 05/30/09 pp#11

SCHOOL NAME:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 05/17	MON 05/18	TUE 05/19	WED 05/20	THU 05/21	FRI 05/22	SAT 05/23	SUN 05/24	MON 05/25	TUE 05/26	WED 05/27	THU 05/28	FRI 05/29	SAT 05/30	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

SCHOOL NAME:

Cost Center:
For Period Ending: 06/13/09 pp#12

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 05/31	MON 06/01	TUE 06/02	WED 06/03	THU 06/04	FRI 06/05	SAT 06/06	SUN 06/07	MON 06/08	TUE 06/09	WED 06/10	THU 06/11	FRI 06/12	SAT 06/13	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical

Cost Center:
For Period Ending: 06/27/09 pp# 13

SCHOOL NAME:

SCHOOL DISTRICT NO. 6 CUPE TIMESHEET

Employee	SUN 06/14	MON 06/15	TUE 06/16	WED 06/17	THU 06/18	FRI 06/19	SAT 06/20	SUN 06/21	MON 06/22	TUE 06/23	WED 06/24	THU 06/25	FRI 06/26	SAT 06/27	Scheduled Hours	

Approved

Supervisor's signature

Please indicate changes to daily scheduled hours: + Extra, + O.T. (Overtime), + C.O. (Call Out)

Leaves of Absence: B=Banked time off, BRV=Bereavement, CUPE=Union Leave, FL=Floater, Pro-D, VAC=Vacation, UPL=Unpaid Leave, SICK=Illness, MED=Medical Appointment, FAM SICK=Family Illness/Medical