West Linn – Wilsonville School District
Classified & Substitute Time Card

Name:_____ Employee #_____

Work Period From_____ To:_____
Date Date

_____
Substituting For (Subs Only)

_____ _____
Building Position

*I verify that all leave entered in iVisions is correct and in the case of any discrepancies, the iVisions entry will be the final authority. I also understand that if more leave is entered than available, it may result in **unpaid time**.*

_____
Employee's Signature

Approved By

_____
Principal/ Supervisor's Signature

_____
Date Signed

FOR PAYROLL USE ONLY

XTRA	OT	RATE	ACCOUNT #

V **S** **P** **J**

B **Unpaid** **Other**

Absence Codes:

S – Sick Leave **0** – Leave Without Pay **P** – Personal or Emergency **M** – Maternity **V** – Vacation
J – Jury Duty **SB** – School Business **B** – Bereavement **I** – In service **H** – Holiday

Time cards are due to your supervisor at the end of your shift on the payroll cut-off date. A payroll cut-off calendar is posted on the West Linn-Wilsonville website.

	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTALS			Explanation for: OT/Comp, Extra, Etc
	WEEK BEGINNING:							REG	XTRA	O.T	
HRS											
	WEEK BEGINNING:										
HRS											
	WEEK BEGINNING:										
HRS											
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