



Payroll Claim Form / Attendance Record for ESS Bargaining Unit

Name: _____

Date: _____

Position: _____

Building: _____

Week 1 DATE	START TIME	END TIME	HOURS WORKED	ATTENDANCE CODE	EXPLANATION FOR EXTRA OR O.T. HOURS	# Extra Hours

Subtotal hours for week 1

Week 2 DATE	START TIME	END TIME	HOURS WORKED	ATTENDANCE CODE	EXPLANATION FOR EXTRA OR O.T. HOURS	# Extra Hours

Subtotal hours for week 2

Total hours for pay period

I, _____, an employee of the New Paltz Central School District, have been authorized and have worked as indicated above. By signing, I also understand if I do not have the available time, my paycheck will be adjusted accordingly.

Employee's Signature

Date

Supervisor's Signature

When You Are Absent from Work:
Do **NOT** include work hours on dates you are not in attendance. Leave the start and end time **BLANK**.

Only Include the Date and Attendance Code to document your absence.

Attendance Codes:
Sick = S Bereavement = B
Family Sick = FS No Pay = NP
Personal = P Jury Duty = J
Snow Day = SD
Other/School Business = O