

**NEWARK UNIFIED SCHOOL DISTRICT**

**CERTIFICATED GUEST TIME CARD**

Employee Name:

Emp ID (No SS#)

Pay Period:

**REQUIRED FIELD**

\_\_\_\_\_ 11, 20 \_\_\_\_ through \_\_\_\_\_ 10, 20 \_\_\_\_

Date	Half/Full (H or F)	Site	Aesop #	Teacher	Reason	Budget Code	Approval Signature
						Fnd-Obj-Resc-Goal-Func-Loc-Mgr- -Opt	
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31							
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6							
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8							
9							
10							

**Total  
Days**

Time card is due in Payroll, by 4 pm, on the 11th day of the month. (Short months will have an earlier due date.)  
***All areas need to be complete in order to be processed.***

Payroll Office Use Only

Employee Signature