

|  |   |                           |
|--|---|---------------------------|
| SCHOOL DISTRICT OF PHILADELPHIA<br><br>DAILY TIME REPORT (OFFICES)<br><br><hr style="width: 50%; margin: 0 auto;"/> DATE | DIVISION/DEPARTMENT<br><br>OFFICE<br><br>SIGNATURE OF ADMINISTRATOR | TOTAL NO. OF<br>EMPLOYEES |
|--|---|---------------------------|

- Absence Codes**
- 01 - Personal Leave (For other absences refer to Procedures Manual)
  - 02 - Vacation
  - 04 - Personal Illness
  - 21 - Compensatory Time
  - 31 - Illness Family

1. Employees sign their name as they arrive.
2. No one shall sign in for any other employee.
3. Employee must record accurately the time of arrival and departure including lunch and dinner hours.
4. Absences must be recorded and coded in **red**.
5. Assignments in the field must be noted.  
Employee calls in at beginning and end of day for entries to be made.

| EMPLOYEE'S SIGNATURE | IN | LUNCH |    | DINNER |    | OUT | REMARKS |
|----------------------|----|-------|----|--------|----|-----|---------|
|                      |    | OUT   | IN | OUT    | IN |     |         |
| 1.                   |    |       |    |        |    |     |         |
| 2.                   |    |       |    |        |    |     |         |
| 3.                   |    |       |    |        |    |     |         |
| 4.                   |    |       |    |        |    |     |         |
| 5.                   |    |       |    |        |    |     |         |
| 6.                   |    |       |    |        |    |     |         |
| 7.                   |    |       |    |        |    |     |         |
| 8.                   |    |       |    |        |    |     |         |
| 9.                   |    |       |    |        |    |     |         |
| 10.                  |    |       |    |        |    |     |         |
| 11.                  |    |       |    |        |    |     |         |
| 12.                  |    |       |    |        |    |     |         |
| 13.                  |    |       |    |        |    |     |         |
| 14.                  |    |       |    |        |    |     |         |
| 15.                  |    |       |    |        |    |     |         |
| 16.                  |    |       |    |        |    |     |         |
| 17.                  |    |       |    |        |    |     |         |
| 18.                  |    |       |    |        |    |     |         |
| 19.                  |    |       |    |        |    |     |         |
| 20.                  |    |       |    |        |    |     |         |