RESET BUTTON

FAIRFAX COUNTY PUBLIC SCHOOLS

TIME REPORT FOR TRANSPORTATION ROUTE SUPERVISOR, MAINTENANCE & SECURITY, CUSTODIAN, AND FOOD & NUTRITION SERVICES

TRS Location Code

EMPLOYEE INSTRUCTIONS:

1. Use a separate form for each position or workweek (see *Notice 5620, Pay Schedules,* for relevant dates of workweeks and pay periods).
2. Employees paid biweekly must submit time sheets for the current workweek by close of business on Friday of the current workweek.
3. Overbase and callback must be authorized by the program manager before hours are worked.
4. Shift reported for all hours, including overbase and callback, must correspond to the actual overbase and callback hours worked.

TRS LOCATION INSTRUCTIONS:

1. Every effort should be made, by the time and attendance (T&A) processor, to report T&A in the system on a daily basis.
2. This form must be signed by the employee and program manager or administrative designee, and kept on file at the work location for five years.
3. A copy should be returned to the employee.

Employee Name (Please Print - First, MI, Last)

Employee Number

OR

Last Four Digits of Social Security Number

Position (Mark Only One)

- ☐ Transportation Route Supervisor T&A Group 6
- ☐ Maintenance & Security T & A Group 9
- ☐ Custodian T & A Group 10
- ☐ Food Service T & A Group 11

Minutes to Hundredths Table

15 Minutes = .25
30 Minutes = .50
45 Minutes = .75

Attendance Codes

1R = Regular Hours
LA = Annual Leave
LD = Administrative Leave
LF = FMLA Leave
LI = Job Related Injury
LP = Personal Leave
LS = Sick Leave (Self)
LU = Underbase
LW = Leave Without Pay
LY = Sick Leave (Family)

Overbase (B) and Callback (C) Codes

B1 & C1 = Regular
B2 & C2 = Community Use
B3 & C3 = Emergency or Acts Of Nature

Shift Codes

1 = Day
2 = Evening
3 = Night

Workweek Days (MM/DD)	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
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Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift

Date	Employee Signature	Time and Attendance Processor Name
Date	Program Manager or Administrative Designee Signature	Title

FS 73-25 (7/09) Group 6 Transportation Route Supervisor, Group 9 Maintenance & Security, Group 10 Custodian, and Group 11 Food & Nutrition Services
Distribution: Original - T & A Reporting Location; Copy - Employee

ORIGINAL REQUIRED