RESET BUTTON

FAIRFAX COUNTY PUBLIC SCHOOLS

TIME REPORT FOR SUBSTITUTE FOOD & NUTRITION SERVICES EMPLOYEES

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 monthly should submit time sheets for the current workweek by close of business on Friday of the current workweek. For the last week in the month, time sheets should be submitted by the last business day of the current month.
3. Employees paid biweekly must submit time sheets for the current workweek by close of business on Friday of the current workweek.

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

Paid Monthly ☐ Paid Biweekly ☐ Pay Period Number

Position (Mark Only One):

☐ Temporary Food Services ☐ Food Services Substitute ☐ Summer Food Service

Minutes to Hundredths Table	Attendance Codes	Shift Codes
15 Minutes = .25	1R = Regular Hours	1 = Day
30 Minutes = .50	LS = Sick Leave	2 = Evening
45 Minutes = .75	SS = Summer School	3 = Night

Workweek Days (MM/DD)	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift

Index-Subobject ____ — ____

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift

Index-Subobject ____ — ____

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift

Index-Subobject ____ — ____

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift

Index-Subobject ____ — ____

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift

Index-Subobject ____ — ____

Date	Employee Signature	Time and Atttendance Processor Name

Date	Program Manager or Administrative Designee Signature	Title

FS 73-26 (9/09) Group 8 Substitute Food & Nutrition Services Employees

Distribution: Original -T&A Reporting Location; Copy - Employee