

Name: Kim Diorio  
 Position: Principal

Certificated Management Reporting Form 2016-17

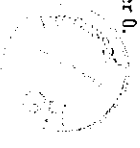
Please complete/update at the end of each month and e-mail to the Human Resources Director.

Date	First & Last Day For Teachers		Not Work Days For Teachers		Holiday		Date
	July	August	September	October	November	December	
1	X	X	X	X	X	X	1
2	WEEKEND	X	X	X	X	X	2
3	WEEKEND	X	X	X	X	X	3
4	Holiday	X	X	X	X	X	4
5		X	Holiday	X	X	X	5
6		WEEKEND	X	X	X	X	6
7		WEEKEND	X	X	X	X	7
8		X	X	X	X	X	8
9	WEEKEND	X	X	X	X	X	9
10	WEEKEND	X	X	X	X	X	10
11		X	X	X	X	X	11
12		X	X	X	X	X	12
13		WEEKEND	X	X	X	X	13
14		WEEKEND	X	X	X	X	14
15		X	X	X	X	X	15
16	WEEKEND	X	X	X	X	X	16
17	WEEKEND	X	X	X	X	X	17
18		X	X	X	X	X	18
19		X	X	X	X	X	19
20		WEEKEND	X	X	X	X	20
21		WEEKEND	X	X	X	X	21
22		X	X	X	X	X	22
23	WEEKEND	X	X	X	X	X	23
24	WEEKEND	X	X	X	X	X	24
25		X	X	X	X	X	25
26		X	X	X	X	X	26
27	X	WEEKEND	X	X	X	X	27
28	X	WEEKEND	X	X	X	X	28
29	X	X	X	X	X	X	29
30	WEEKEND	X	X	X	X	X	30
31	WEEKEND	X	X	X	X	X	31

Signature: [Handwritten Signature]

Coded Absence (S, PN, BR, CI)	July	August	September	October	November	December	January	February	March	April	May	June	Total
Number Of Days Worked	4	23	21	24	18	14	15	25	0	5	0	13	200

Please use S(Illness); PN(Personal Necessity); BR(Bereavement); CI(Critical Illness) to indicate an absence. If there is no absence for the month please enter 0.  
 Put an "X" for each date worked by month. Record the total "Number of Days Worked" per month in the bottom column of the page.



Certificated Management Reporting Form 2015-16

Please complete/update at the end of each month and e-mail to the Human Resources Director.

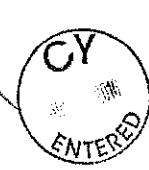
Name: Kim Dierke  
 Position: Principal

First & Last Day For Teachers Non Work Days For Teachers

Date	July	August	September	October	November	December	January	February	March	April	May	June	Date
1	WEEKEND	WEEKEND	X	X	WEEKEND	X	Non Work Day	X	X	Non Work Day	WEEKEND	X	1
2	WEEKEND	WEEKEND	X	X	WEEKEND	X	WEEKEND	X	X	WEEKEND	X	X	2
3	Non Work Day	X	X	WEEKEND	X	X	WEEKEND	X	X	WEEKEND	X	X	3
4	WEEKEND	X	X	WEEKEND	X	X	X	X	X	X	X	X	4
5	WEEKEND	X	X	WEEKEND	X	X	X	X	X	X	X	X	5
6	WEEKEND	X	X	WEEKEND	X	X	X	X	X	X	X	X	6
7	WEEKEND	X	Non Work Day	X	X	WEEKEND	X	X	X	X	X	X	7
8	WEEKEND	X	X	X	WEEKEND	X	X	X	X	X	X	X	8
9	WEEKEND	X	X	X	WEEKEND	X	X	X	X	X	X	X	9
10	WEEKEND	X	X	X	WEEKEND	X	X	X	X	X	X	X	10
11	WEEKEND	X	X	X	WEEKEND	Non Work Day	X	X	X	WEEKEND	X	X	11
12	WEEKEND	X	X	WEEKEND	X	WEEKEND	X	Non Work Day	WEEKEND	X	X	X	12
13	WEEKEND	X	X	WEEKEND	X	WEEKEND	X	WEEKEND	WEEKEND	X	X	X	13
14	WEEKEND	X	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	14
15	WEEKEND	WEEKEND	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	15
16	WEEKEND	X	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	16
17	WEEKEND	X	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	17
18	WEEKEND	X	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	18
19	WEEKEND	X	X	WEEKEND	X	WEEKEND	Non Work Day	X	X	WEEKEND	X	X	19
20	WEEKEND	X	X	WEEKEND	X	WEEKEND	X	X	WEEKEND	X	X	X	20
21	WEEKEND	X	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	21
22	X	WEEKEND	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	22
23	X	WEEKEND	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	23
24	X	X	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	24
25	WEEKEND	X	X	X	WEEKEND	Non Work Day	X	X	X	WEEKEND	X	X	25
26	WEEKEND	X	X	X	WEEKEND	Non Work Day	X	X	X	WEEKEND	X	X	26
27	X	X	X	X	WEEKEND	WEEKEND	X	X	WEEKEND	X	X	X	27
28	X	X	X	X	WEEKEND	WEEKEND	X	X	WEEKEND	X	X	X	28
29	X	WEEKEND	X	X	WEEKEND	X	X	WEEKEND	X	X	X	X	29
30	X	WEEKEND	X	X	WEEKEND	Non Work Day	X	X	WEEKEND	X	X	X	30
31	X	X	X	WEEKEND	X	Non Work Day	WEEKEND	X	X	WEEKEND	X	X	31
Coded Absence (S, PN, BR, CI)	0	0	0	0	0	0	0	0	0	0	0	0	Total
Number Of Days Worked	8	21	22	23	17	15	19	19	24	14	22	16	220

Signature: [Handwritten Signature]

Please use S(Illness); PN(Personal Necessity); BR(Bereavement); CI(Critical Illness) to indicate an absence. If there is no absence for the month please enter 0.  
 Put an "X" for each date worked by month. Record the total "Number of Days Worked" per month in the bottom column of the page.



329-3901

Certificated Management Reporting Form 2014-15

Please complete/update at the end of each month and e-mail to Eric Goddard, Human Resource Center

First & Last Day For Teachers Non Work Days For Teachers

Date	July	August	September	October	November	December	January	February	March	April	May	June	Date
1		X		X	X	X	X	X	X	X	X	X	1
2		X		X	X	X	X	X	X	X	X	X	2
3		X		X	X	X	X	X	X	X	X	X	3
4	Non Work Day	X		X	X	X	X	X	X	X	X	X	4
5	WEEKEND	X		X	X	X	X	X	X	X	X	X	5
6	WEEKEND	X		X	X	X	X	X	X	X	X	X	6
7		X		X	X	X	X	X	X	X	X	X	7
8		X		X	X	X	X	X	X	X	X	X	8
9		X		X	X	X	X	X	X	X	X	X	9
10		X		X	X	X	X	X	X	X	X	X	10
11		X		X	X	X	X	X	X	X	X	X	11
12	WEEKEND	X		X	X	X	X	X	X	X	X	X	12
13	WEEKEND	X		X	X	X	X	X	X	X	X	X	13
14	X	X		X	X	X	X	X	X	X	X	X	14
15	X	X		X	X	X	X	X	X	X	X	X	15
16	X	X		X	X	X	X	X	X	X	X	X	16
17	X	X		X	X	X	X	X	X	X	X	X	17
18	X	X		X	X	X	X	X	X	X	X	X	18
19	X	X		X	X	X	X	X	X	X	X	X	19
20	X	X		X	X	X	X	X	X	X	X	X	20
21	X	X		X	X	X	X	X	X	X	X	X	21
22		X		X	X	X	X	X	X	X	X	X	22
23		X		X	X	X	X	X	X	X	X	X	23
24	X	X		X	X	X	X	X	X	X	X	X	24
25		X		X	X	X	X	X	X	X	X	X	25
26	WEEKEND	X		X	X	X	X	X	X	X	X	X	26
27	WEEKEND	X		X	X	X	X	X	X	X	X	X	27
28	X	X		X	X	X	X	X	X	X	X	X	28
29	X	X		X	X	X	X	X	X	X	X	X	29
30	X	X		X	X	X	X	X	X	X	X	X	30
31	X	X		X	X	X	X	X	X	X	X	X	31
Coded Absence (S, P, M, BR, CI)	0	0	0	0	0	0	0	0	0	0	0	0	Total
Number Of Days Worked	11	23	23	24	19	16	20	18	24	17	20	12	227

Signature: \_\_\_\_\_

Please use (S)Illness; (P)Personal Necessity; (BR) Bereavement; (CI) Critical Illness to indicate an absence. If there is no absence for the month please enter 0 in the coded absence column. Put an "X" for each date worked by month. Record the total "Number of Days Worked" per month in the bottom column of the page.

Name: Kim Diorio  
Position: Principal

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