

PAYROLL/ATTENDANCE RECORD

The School Board of Miami-Dade County

Educational Alternative Outreach Program

Center Name: _____

PAY PERIOD FROM _____ TO _____

FAX TO: 305-636-6198

| Employee Number | Employee Name | Fri | Mon | Tues | Wed | Thur | Fri | Mon | Tue | Wed | Thur | Total Pres. | Total Abs. | Signature |
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Leave Codes: **SL-** Sick (*Please submit copy of signed leave card*)
PL: Personal
TT: Temporary Duty (*Please explain on leave card*)
JD: Jury Duty (*Please submit copy of summons*)