

SCHOOL DISTRICT OF PHILADELPHIA DAILY TIME REPORT (OFFICES) <hr/>	Class Instrumental Music Teachers						
	SCHOOL NAME:						
	SIGNATURE OF ADMINISTRATOR:						

Absence Codes 01 – Personal Leave (For other absences refer to Procedures Manual) 02 – Vacation 04 – Personal Illness 21 – Compensatory Time 31 – Illness in 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
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EMPLOYEE'S SIGNATURE (Write Clearly)	LUNCH		DINNER			DATE (Comments)
	IN	OUT	IN	OUT	IN	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
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11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

**PLEASE HAVE THE ADMINSTRATOR SIGN THIS FORM
BEFORE FAXING IT TO OUR OFFICE**

Fax: 215-400-4211