CAYUGA ONONDAGA BOCES

Semimonthy

Employee: _____

Position: _____

Pay period	start date:	31st-15th
Pay period	end date:	16th-30th

Day	Date	TIME IN	LUNCH	TIME OUT	Total Hrs Worked (Hourly Employees Only)	Days (Per Diem Only)	Hrs Absent	Notes	Substitute (If needed)
Example	12/31/2020	8:00 AM	30 MIN	3:30 PM	7.00		7.00	Sick (COVID)	
Example	12/31/2020	8:00 AM	30 MIN	3:30 PM		1.00		N/A	Smith
Example	12/31/2020	8:00 AM		3:30 PM			7.00	Sick (COVID)	
	Total hours				0.00	0.00	0.00		

Program Code: Teacher Aide		
	A-213-4220-161	12:01:01
	A-213-4220-161-002	T. Aide 1:1
	A-214-4235-161	8:01:01
	A-214-4235-161-002	T. Aide 1:1
	A-220-4231-161	6:1:2 Autism
	A-220-4231-161-002	T. Aide 1:1
	A- 220-4231-161-100	6:1:2 SEL
	A-220-4231-161-102	T Aide 1:1
	A-216-4240-161	12:1:3:1
	A-216-4240-161-002	T. Aide 1:1
	A-277-4235-161	8:1:1DT/Alt Ed
	A-277-4235-161-002	T. Aide 1:1DT/Alt Ed
	A-215-4220-161-000	12:1:1CCC
	A-215-4220-161-002	12:1:1CCC Aide 1:1
	A-219-4220-161-000	12:1:1 WBL
	A-219-4220-161-002	12:1:1 WBL Aide 1:1
	A-703-4990-161	Teacher Aide Floater

Program Code Part Time		
	A-502-6310-160	PT MVO
	A-652-7140-160	PT Typist
	F-806-1415-1609	(DDP)
	F-884-1415-160	PT Daycare
Program Code Substitute		
	A-101-3990-159	(CTE)
	A-418-5873-159	(Compass)
	A-430-5916-159	H S Equivalency
	A-703-4990-159	Teacher/ T. Assistant Sub
	A-703-4990-169	Teacher Aide Sub

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

BUDGET CODE _____

Codes :	Codes: Approvals Needed
Personal : P	Cancer Screening : CS
Sick Time: S	Conference: C
Family Illness: I	Death in Family: D
	Jury Duty: J
	Vacation: V