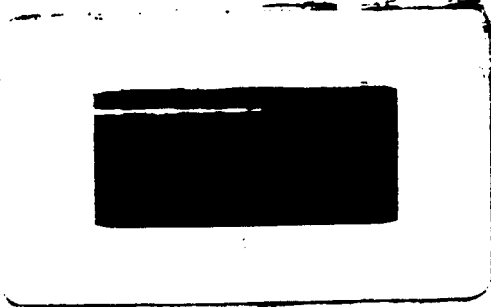


Appendix #88



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Z B 6889070163234 CLNDIFF DAVID K 0462020299155477A 013192

DEPT.	COST CENTER	NAT. CLASS	EMPLOYEE NO.	EMPLOYEE NAME	HI	P	DIV.	SECT.	INIT	F	I	LOC	PERIOD ENDING
Z	B	6889070	163234	CLNDIFF DAVID K	0462020299155477A	013192							
DAY	REASON CODE	HOURS WORKED	VAR. CODE	HOURS	OTHER HOURS GRANT SCHOOL	GRANT HOURS WORKED		SCHOOL HOURS WORKED		COUNTY HOURS WORKED		REASON CODES	
16	ZE	6				VAR	HOURS	VAR	HOURS	VAR	HOURS	A-ABSENT W/O PAY B-BEHEAVEMENT C-BUS EVENING KR-BON EVE-NURSING M-BONUS NIGHT MR-BON NIGHT N RSING CB-CALL BACK CE-COUNTY EXAM H-IDL DAY W-HOL JAY WORKED F-HOL WKD TIME OFF IF-IA FOLLOW-UP IA-INJURY ON DUTY JD-JURY DUTY L-LEV. APPROVED ML-LEV. MILITARY P-LEV. PERSONAL SN-SK-NON EMERGENCY OA-OVERTIME ACT E-OVERTIME OF OP-OVERTIME PAID X-REG. DAY OFF S-SICK SB-STAND BY V-VACAT ON WO-WITNESS DUTY	
17	40A	12										PAYROLL ONLY	
18	X20A	2										BONUS CODES	
19	X40A	4										VAR. HOURS R SHIFTS	
20	H30A	3										EMPLOYEE'S SIGNATURE	
21	50A	13										David Clndiff	
22	10A	9										1991 11 11	
23		8										EMPLOYEE'S SIGNATURE	
24		8										1991 11 11	
25	X30A	3										EMPLOYEE'S SIGNATURE	
26	X60A	6										1991 11 11	
27	1E	7										EMPLOYEE'S SIGNATURE	
28	50A	13										1991 11 11	
29	60A	14										EMPLOYEE'S SIGNATURE	
30		8										1991 11 11	
31		8										EMPLOYEE'S SIGNATURE	

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