Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept/Division **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Each day should be filled with actual hours worked and the code for any absence. In the case of a partial day worked, use a slash (/). Example: 6 hours worked and 2 hours sick leave would be shown as 6/2S. The work week begins at 12:00 AM on Saturday and ends at 11:59 PM on Friday.

# 1 hour of overtime (OT) equals 1.50 hours.

#

#  **MONTH:**

|  |  |  |  |
| --- | --- | --- | --- |
| Week Ending Date | **Hours Per Day** | Total Regular Hours  | **Supervisor Approved** |
| SAT | SUN | M | T | W | TH | F | OT Hrs Paid | OT Hrs Comp |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **GRAND TOTALS** |  |  |  |

I certify that the time shown above truly represents the hours worked or leave taken during the month shown.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Signature Date Supervisor Signature Date

**CODE Leave Type HOLIDAY CODES**

V Vacation (Annual Leave) H-1 New Year’s Day

S Sick Leave H-4 Memorial Day

C Compensatory Time H-5 Independence Day

R Sick Relative H-7 Labor Day

H Holiday Leave H-10 Thanksgiving

W Leave without Pay H-11 Christmas

I Injury Leave H-12 Alternate Holiday

M Military Leave

F Funeral Leave

A Administrative Leave

 J Jury Duty Leave The original of this document must be submitted to the

K K-12 Leave Payroll Department by the 5th of each month.