Printed Employee Name _____ for the Month & Year of _____ 20 _____

CLASSIFIED EMPLOYEE ABSENCE SUMMARY REPORT

Annual Leave Taken:

Dates _____

Dates _____

Dates _____

Total annual: [ ]

Sick Leave Taken (for employee's own use):

Dates _____

Dates _____

Dates _____

Family Sick Leave Taken (indicate family relationship):

Dates _____

Dates _____

Dates _____

Total all sick: [ ]

Holidays Taken:

Dates _____

Dates _____

Holidays Worked or Unused (as directed by supervisor):

Dates _____

Compensatory Time Taken (at 1½ rate):

Dates _____

Dates _____

Dates _____

Total all comptime: [ ]

*Other Administrative Leave Taken (**indentify/indicate purpose**: for funeral-indicate relationship & location; for jury duty-attach juror service certificate; release time for Temporary Pay Differential-identify project; for administrative leave coupon-use "CPN"; for approved off-site training or meetings-identify purpose/location):*

Dates _____

Dates _____

Dates _____

Dates _____

Dates _____

Dates _____

Dates _____

The employee's signature certifies that the times indicated are the actual times in and out <u>to the nearest quarter-hour</u>. The supervisor's signature indicates that the times indicated have been reviewed and are accurate to the extent that the supervisor is knowledgeable.

_____ _____

Supervisor's Signature Employee's Signature

	DATE	A.M. TIME IN	A.M. TIME OUT	P.M. TIME IN	P.M. TIME OUT	ACTUAL HOURS WORKED	HOURS TAKEN	LEAVE CODE
partial workweek hours from previous month (DO NOT ADD INTO TOTALS BELOW):								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
*total hours **actually** worked for (partial) week:*							*OT hours:*	
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
*total hours **actually** worked for week:*							*OT hours:*	
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
*total hours **actually** worked for week:*							*OT hours:*	
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
*total hours **actually** worked for week:*							*OT hours:*	
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
*total hours **actually** worked for (partial) week:*							*OT hours:*	
Sat								
Sun								
*total hours **actually** worked for partial week:*							*OT hours:*	

ABSENCE CODES

AD	Administrative leave
A	Annual Leave
C	Comp. Time Taken
F	Funeral Leave
FML	Family Medical Leave
H	Holiday Leave
IN	Injury Leave
J	Jury Duty
LWOP	Leave Without Pay
STD	Short-term Disability
S	Sick Leave for Self
SF	Sick Leave for Family
TPD	Temporary Pay Differential

Total regularly-scheduled hours worked _____

Holiday hours worked _____

Overtime hours worked _____

Hours annual leave taken _____

Hours sick leave taken _____

Hours family sick leave taken _____

Hours holiday leave taken _____

Hours other (admin.,jury,funeral,LWOP) _____

Hours of comp.time taken _____

(balance of previous comp.time: _____)

Temporary Pay Differential hours _____

TOTAL HOURS FOR MONTH: _____