SCHEDULE

| 1. Employee Name: | 2. SSN: | 3. Year: | 4. Pay Period: _____ <br> from: to: | 6. Balances Brought Forward *(optional):*
 Annual _____ Sick _____ Credit _____ Comp _____ |

6. LV Cat: Scheduled Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	7. Certification: Approved _____ Date _____	Wk 1	Wk 2

TIME IN PAY STATUS

8. Accounting Data - Description	9. Time in Pay Status (Hours) Including Paid Absences														10. Transaction			11. Total Hrs	
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Prefix	Code	Suffix	Wk 1	Wk 2
REGULAR TIME																01			
ANNUAL LEAVE																61			
SICK LEAVE																62			
CREDIT LV USED																50			
COMP LV USED																64			
ADMIN LEAVE/HOLIDAY																66			
FAMILY SICK LEAVE															62	62			
IN																			
OUT																			
Total Time with Pay																			

OTHER TIME

12. Other Time (Hours)																			
CREDIT TIME EARN																29			
COMP TIME EARN																32			
LWOP																71			

REMARKS:

I request comp time in lieu of overtime:

Employee initials _____ Supervisor initials _____

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 (Local Reproduction)