

STATE OF MARYLAND

STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sign-in / Sign-Out

DATE/NAME	

	Time In	Time	TIME WORKED			TIME TAKEN				Total	
NAME / DATE			Regular	egular Over- Time Time	Comp- Time	ABSENCE				Time Acctd.	
						Code	Hours	Code	Hours		Remarks

ABSENT "TYPE" CODES

	ANNUAL	10 Pre-Approved
		12 Lateness
		17 Emergency
		18 In Lieu of Sick-Emplo
		1A In Lieu of Sick-Family Member
		1F Approved FMLA Use
	SICK	20 Employee Illness -
		Documentation Not
		Provided
		2J Employee Illness -
		Documentation Provi
		21 Scheduled Medical Ap
		Employee
		2A Family Member Illnes Documentation Not
		Provided
		2K Family Member Illnes
		Documentation Provi
		2B Scheduled Medical Ap
		Family Member
		22 Maternity/Paternity
		23 Accident Leave
		24 Death in Family
		28 Adoption
		29 Leave Bank Use 2H Donated Leave
	GRIEVANCE	30 Hearing
	GIGLYANCE	31 Preparation
	COMPENS-	40 Pre-Approved
	ATORY	41 Lateness
		43 Religious
_		44 In Lieu Of SickEmplo
		4A In Lieu Of Sick-Fam.
		Mem.
_	PERSONAL	47 Emergency 50 Pre-Approved
	TEKSONAL	52 In Lieu Of SickEmplo
		5A In Lieu Of Sick-Fam.
_		5F Approved FMLA Use
		57 Unscheduled
		58 Emergency
	HOLIDAY	60 State Holiday
	RELEASE TIME	65 Sect./Agency/Authoriz
	TIME	66 Emergency 67 Incentive Program-Sta
_		68 Work-Related Investig
		69 OHR Approved Emp.
	COURT	70 Witness-Unpaid
		71 Jury Duty
	OTHER	74 Military Training
	PAID	75 State Test
	CODES	76 State Interview 78 In Service Training
I	1	79 Out Service Training
I	LAW	80 Pre-Approved
	CODES	81 In Lieu Of Sick-Emplo
I	1	8A In Lieu Of Sick-Fam.
I	1	Mem.
	1	82 Undocumented
I	ĺ	8F Approved FMLA Use
I	1	86 Unauthorized
	1	87 Emergency 90 Disciplinary
- 1		70 Discipiniary