

BI-WEEKLY ATTENDANCE & LEAVE ACCRUAL REPORT - CLASSIFIED SERVICE EMPLOYEES

1 EMPLOYEE'S NAME (LAST, FIRST, MI)	DEPT.	ANNIV. DATES	VAC	PL	PERIOD BEGIN	PERIOD END
2 Title	GRADE	NEG. UNIT	REGULAR 80 BiWeekly Hours: <input type="checkbox"/>	REGULAR 75 <input type="checkbox"/>	HOURLY <input type="checkbox"/>	REGULAR SHIFT: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT
3 S.S.#						

MONTH/ DATE	DAY	Regular Hours				Overtime Hours				HRS. WORKED	CHECK BOX LEGAL HOLIDAY	OVERTIME			TIME USED										
		IN	OUT	IN	OUT	IN	OUT	IN	OUT			ENTER NO. HRS WORKED			ANNUAL LEAVE	SICK LEAVE	FAM SICK LV.	HOL. LEAVE	PERS. LEAVE	COMP TIME	EMP. ORG. LV	FMLA LEAVE	*DRL		
												OVERTIM E	COMP TIME	PD. OVER TIME											
	THU																								
	FRI																								
	SAT																								
	SUN																								
	MON																								
	TUE																								
	WED																								
	THU																								
	FRI																								
	SAT																								
	SUN																								
	MON																								
	TUE																								
	WED																								
*Total Hours Worked and Time used must at least equal Bi-Weekly Hours											Totals		Note: Overtime included in HRS WORKED												

4 I have examined the above entities and certify them to be correct. I agree with the accumulations reported on this form. Accrual Summaries show as subject to review and correction by Payroll Office.	5 I hereby certify that hours and days indicated represent time worked by the named employee; that charges to credits have my approval and that overtime indicated was at my request to perform essential duties which could not be done during regular hours and are noted on Authorization for Overtime forms submitted by me.
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SIGNATURE OF EMPLOYEE	DATE	TITLE	SIGNATURE OF SUPERVISOR	DATE
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6 ACCRUAL SUMMARY OF LEAVE CREDITS										Time Record Unit Notes			
PERIOD ENDING	TIME RECORD USE ONLY	ANN. LV.	SICK LV.	PERS. LV.	COMP. TM	HOL. LV.	*DRL (Deficit Reduction Leave)	FMLA LV TAKEN DURING CAL YEAR	ACCUM EMP. ORG. LEAVE				
Note To Employee: Line 5 New Balance is your accumulated balance as of date show above.	1. BALANCE BROUGHT FWD.												
	2. TIME USED (-)												
	3. SUB TOTAL:												
	4. TIME EARNED (+)												
	5. NEW BALANCE												

CERTIFICATION

EXCEPTIONS: None DMC-PR-101 SENT AS NOTED

PAYROLL REVIEW: INITIALS: _____ Date _____