



CHANGE IN ACCUMULATED LEAVE

(Submitted to Payroll office by the third working day of the following month)

Employee _____

Month / Year _____

Employee ID # _____

	Previous balance	Earned this month	Used this month	Balance this month
Annual leave				
Compensatory time				
Sick leave				

(Leave in hours and tenths of hours)

Supervisor

Please do not separate this form

PAYROLL TIME SHEET

To: Payroll Office

Month / Year _____

Payroll Record for _____
Name (Please print or type)

Employee ID # _____

Workday begins _____ AM PM

Ends _____ AM PM

FRI.	SAT.	SUN.	MON.	TUES.	WEDS.	THURS.	FRI.	TOTAL	S/T	O/T

LEAVE CODES: A Annual, S Sick, C = Comp. Time, M Military, H = Holiday, B = Bereavement, J Jury Duty, O = Other

Pellissippi State workweek begins 4:31 p.m. Friday and ends 4:30 p.m. Friday. The above schedule has sufficient space to cover a full month of work. Weekly records of hours worked are required to be maintained under Federal Wage and Hour Law.

Signature of Employee _____

Approved: _____

Signature of Supervisor