

Name: _____

Pay Period: ____ / 16 / ____ to ____ / 15 / ____

Month: _____

Site:

(circle all
that apply)

DVES

ELC

BV

DO

TECH

TRANS

Month: _____

Pay Type					Leave Type						
Day	Regular	Extra Duty	Overtime	UNPAID	Holiday	Sick	Vacation	Personal Day	Comp Time	Other **	Total
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
TOTAL											a

Pay Type					Leave Type						
Day	Regular	Extra Duty	Overtime	UNPAID	Holiday	Sick	Vacation	Personal Day	Comp Time	Other **	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
TOTAL											b

Total Hours for Month (a + b)

OT Hours to be Paid (a + b)

OT Hours Banked as Comp Time (a + b)

Other Leave Types ** (enter leave category)

Comments/Notes

Employee Signature and Date

I certify that I have performed the duties as reported herein.

Administrator Signature and Date