



Payroll Leave Document – Regular Classified Employee

Month: _____ Year: _____

EMPLOYEE: _____ SS# XXXX- XXX - _____ DEPT: _____
 (Last 4 digits only)

INSTRUCTIONS: See Back of Form.

DATE	SUPERVISORY APPROVED				KEY	SUPERINTENDENT/DESIGNEE APPROVED ONLY	
	ADDITIONAL TIME EARNED		TIME ABSENT			*OL – OTHER LEAVE (Record time absent) Other leaves require approval on a separate PERSONNEL LEAVE REQUEST FORM	
	Compensatory Time +CR Regular (straight time) +CO Overtime*		V Vacation S Sick Leave FH Floating Holiday -C Comp Time Taken *OL Other Leave			Bereavement Family Medical Leave Industrial Accident & Illness Unpaid Disability Leave Military Leave	Other Personal Necessity Sick Leave 5+ Days Unpaid Leave Jury Duty/Witness
	ESTIMATE	ACTUAL	ESTIMATE	ACTUAL		REASON FOR ABSENCE	SUPERVISOR'S APPROVAL & DATE
1							
2							
3							
4							
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31							

DATE: _____ EMPLOYEE'S SIGNATURE: _____

DATE: _____ SUPERVISOR'S SIGNATURE: _____

For Payroll Use Only:
 CHANGES: Vacation: _____ Floating Holiday: _____ Sick Leave: _____ PN: _____ Comp: _____
 BALANCES: Vacation: _____ Floating Holiday: _____ Sick Leave: _____ PN: _____ Comp: _____