

Office of Human Resources  
**Public Safety Time and Leave Record**



Name: \_\_\_\_\_

Title: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Shift: \_\_\_\_\_

Regular Days Off: \_\_\_\_\_

| Date In      | Time In | <i>Meal Break</i> |        | Date Out | Time Out | Lateness | Total Hours Worked | Shift Differential | Overtime Earned (Hrs.) | Annual Leave (Hrs.) | Sick Leave (Hrs.) | Unscheduled Holiday (Hrs.) | Compensated Leave Time (Hrs.) | Comment |
|--------------|---------|-------------------|--------|----------|----------|----------|--------------------|--------------------|------------------------|---------------------|-------------------|----------------------------|-------------------------------|---------|
|              |         | Departure         | Return |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|              |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
| <b>Total</b> |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |

| Holiday                | Earned | Used |
|------------------------|--------|------|
| Labor Day              |        |      |
| Columbus Day           |        |      |
| Election Day           |        |      |
| Veterans Day           |        |      |
| Thanksgiving Thursday  |        |      |
| Thanksgiving Friday    |        |      |
| Christmas Eve          |        |      |
| Christmas Day          |        |      |
| New Year's Eve         |        |      |
| New Year's Day         |        |      |
| Martin Luther King Jr. |        |      |
| Lincoln's Birthday     |        |      |
| Presidents' Day        |        |      |
| Memorial Day           |        |      |
| Independence Day       |        |      |

| Date In            | Time In | <i>Meal Break</i> |        | Date Out | Time Out | Lateness | Total Hours Worked | Shift Differential | Overtime Earned (Hrs.) | Annual Leave (Hrs.) | Sick Leave (Hrs.) | Unscheduled Holiday (Hrs.) | Compensated Leave Time (Hrs.) | Comment |
|--------------------|---------|-------------------|--------|----------|----------|----------|--------------------|--------------------|------------------------|---------------------|-------------------|----------------------------|-------------------------------|---------|
|                    |         | Departure         | Return |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
|                    |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
| <b>Total</b>       |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |
| <b>Grand Total</b> |         |                   |        |          |          |          |                    |                    |                        |                     |                   |                            |                               |         |

| Summary Schedule (Hours)   |            |              |
|----------------------------|------------|--------------|
|                            | Sick Leave | Annual Leave |
| <b>Last Months Balance</b> |            |              |
| <b>Earned This Month</b>   |            |              |
| <b>Total</b>               |            |              |
| <b>Used this Month</b>     |            |              |
| <b>Balance</b>             |            |              |

| Unscheduled Holidays (Post Dates Taken) |  |
|---|--|
| U1.                                     |  |
| U2.                                     |  |

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that all of the above entries are true and accurate. I fully understand that any falsification of time subjects me to disciplinary action.

I have reviewed this Time and Leave Record. My signature verifies that the entries above are accurate to the best of my knowledge.