

Office of Human Resources Public Safety Time and Leave Record



Name: _____

Title: _____

Pay Period: _____

Supervisor: _____

Shift: _____

Regular Days Off: _____

<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
Date In	Time In	Departure	Return											
Total														

<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
Date In	Time In	Departure	Return											
Total														
Grand Total														

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		
Juneteenth		
Independence Day		

Summary Schedule (Hours)		
	Sick Leave	Annual Leave
Last Months Balance		
Earned This Month		
Total		
Used this Month		
Balance		

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.