



Section 1:

Name: _____

Department: _____

Title: _____

PayPeriod From: _____

To: _____

TIME USED

DATE	IN	OUT	TOTAL TIME	ANNUAL LEAVE	SICK LEAVE	HOLIDAY
Totals						

Section 3:

I have examined the above entries and certify them to be correct. I agree with the accumulations reported on this form. Accrual summaries shown as subject to review and correction by Payroll.

DATE	Phone#
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TITLE	SIGNATURE OF EMPLOYEE
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I hereby certify that the hours and days indicated represent time worked by the named employee, charges to credits have my approval.

DATE _____

TITLE	SIGNATURE OF SUPERVISOR/DIRECTOR/CHAIRPERSON
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Section 4:

(Note: The Official Record of Accrual Summary of Leave Credits is the record maintained by the Time & Attendance Unit. The space provided below is for recording your applicable accruals. The Supervisor is responsible for certifying the accuracy of the period of accrual activity before it is submitted to the Time & Attendance unit.)

TIME RECORD UNIT NOTES

PERIOD ENDING	TIME RECORD	ANN LEAVE	SICK LEAVE	HOLIDAY LEAVE	