

AGENCY/UNIT		LOC CODE	PROJECT	PAY-PER	PAY PERIOD DATES		EIN	EMPLOYEE NAME			T-K SORT	
INCREMENT MONTH	PAY GRADE	PAY STEP	ADVANCED PAY BACK RATE	DATE ENTERED STATE SERVICE		EMPL STATUS	HOURS PER PAY PERIOD	PERCENT EMPLOYED	ELIGIBLE FOR SHIFT PREM	ELIGIBLE FOR OVERTIME	ELIGIBLE FOR COMP	POSITION ID NUMBER
LEAVE ACTIVITY THRU			CLASS CODE - JOB TITLE				BIWEEKLY LEAVE ACCRUAL (HOURS)			BANKED ANNUAL LEAVE HOURS	BANKED SICK LEAVE HOURS	
							NORMAL	ANNUAL	SICK			
							ACTUAL					

NOTES:

LEAVE TYPE	LEAVE BALANCES IN HOURS				CURRENT BALANCES	
	PERIOD YEAR ENDING	ACCRUED YEAR TO DATE	TAKEN YEAR TO DATE		HOURS	DAYS
ANNUAL						
SICK (REG)						
PERSONAL						
HOLIDAY						
	PREVIOUSLY GRANTED	CURRENTLY GRANTED	TAKEN	PAID BACK		
ADVANCED SICK						
EXTENDED SICK						
DCN LV/LV BNK						
	TWELVE MO ACCRUAL	TWELVE MO TAKEN	NET TAKEN	EARNED THIS PAY		
COMPENSATORY						
	DROPPED THIS PAY	TO BE DROPPED NEXT PAY	TO BE DROPPED IN 2 PAYS	TO BE DROPPED IN 3 PAYS	TWELVE MO DROPPED	
COMPENSATORY LOST						

TENTH HR. CHART	
MINUTES	HOURS
6 TO 11	.1 - 1/10
12 TO 17	.2 - 2/10
18 TO 23	.3 - 3/10
24 TO 29	.4 - 4/10
30 TO 35	.5 - 5/10
36 TO 41	.6 - 6/10
42 TO 47	.7 - 7/10
48 TO 53	.8 - 8/10
54 TO 59	.9 - 9/10
60 TO -	0 - 1 HR

AGENCY/UNIT		LOC CODE	PAY-PER	EIN	PROJECT	WEEK FROM-THRU	EMPLOYEE NAME				T-K SORT		
1	DATE	TIME IN	TIME OUT	SHIFT	ON DUTY			ABSENT				DAILY TOTAL	REMARKS
					REGULAR TIME	OVER-TIME	COMP-TIME	(1)		(2)			
								TYPE	HOURS	TYPE	HOURS		
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													

EMPLOYEE'S SIGNATURE _____

SUPERVISOR/AUTHORIZED DESIGNEE'S SIGNATURE _____

AGENCY/UNIT		LOC CODE	PAY-PER	EIN	PROJECT	WEEK FROM-THRU	EMPLOYEE NAME				T-K SORT		
2	DATE	TIME IN	TIME OUT	SHIFT	ON DUTY			ABSENT				DAILY TOTAL	REMARKS
					REGULAR TIME	OVER-TIME	COMP-TIME	(1)		(2)			
								TYPE	HOURS	TYPE	HOURS		
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													

EMPLOYEE'S SIGNATURE _____

SUPERVISOR/AUTHORIZED DESIGNEE'S SIGNATURE _____

TIMEKEEPER'S NAME _____