

DEPARTMENT OF JUVENILE JUSTICE ATTENDANCE AND LEAVE FORM

Form A - Included

a. Dates: Enter "Pay Period From Date", dates will be automatically entered.
 b. Hours: Enter "in and out" times for each day, using hours and quarter hours ("00", "15", "30" or "45"). Use of 1 - 12 hours requires "am" or "pm" designation, military time (0 - 23) does not. Both can be used.
 c. Leave Time Taken: Using codes listed, enter hours and type of leave taken.
 d. Administrative Leave/Leave Without Pay: Must specify reason taken.
 e. Personal Holiday must be taken by June 30th of each year.

PEOPLE FIRST ID #	NAME: Last, First, MI	INCLUDED, CHECK EITHER:	CAREER SERVICE	SES
	Contracted Bi-Weekly Hrs. of Work:	Circuit	Section/Unit	
	Class Title:	From:	Pay Period Dates: To:	

All leave approvals are on the condition that the number of leave hours granted will be adjusted at the end of the pay period to the amount necessary to bring the employee's pay for the pay period up to the employee's normal rate of pay.

Personal Holiday Taken:			
	Mo.	Day	Yr.

Leave with Pay Codes:	
51 Annual	54 Regular Comp.
52 Sick	55 Special Comp.
53 Family Sick	85 FLSA Comp.
91 Special Comp/Hol.	66 Personal Holiday
92 Special Comp/Hol.	1005 State Holiday

Administrative Leave Codes:		
44 Mentoring	61 National Guard	80 Admin. Family
45 Office Closure	65 Disability	82 Active Military Pay Supplement
56 Other Admin.	69 Active Military	
57 Military Training	75 Veteran's Disability	83 Active Military No Pay Supplement

Leave Without Pay Leave Codes:	
48 Fam. Respon.	60 Worker's Comp. Disability
49 Fam. Medical	
58 Authorized	68 Parental
59 Unauthorized	

	FRI	SAT	SUN	MON	TUES	WEDS	THURS	FRI	SAT	SUN	MON	TUES	WEDS	THURS
Dates:														
Time - In:														
Time - Out:														
Time - In:														
Time - Out:														
Time - In:														
Time - Out:														
Hrs./Mins. Worked:	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.
Leave Time Taken:	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.
Leave Type														
Leave Time Taken:	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.
Leave Type														

Provide Reason for Administrative Leave or Leave Without Pay Request:

Week 1 Subtotal	
a1. Time Worked:	_____
b1. Authorized Leave With Pay and/or Holiday:	_____
c1. Total a. plus b.	_____
Week 2 Subtotal	
a2. Time Worked:	_____
b2. Authorized Leave With Pay and/or Holiday:	_____
c2. Total a. plus b.	_____
Biweekly Summary Total	
c3. Total c1. plus c2.	_____
d. Special Comp. Earned:	_____
e. Regular Comp. Earned:	_____
f. Overtime Hours to be Paid: (Hours in excess of 40 hours physically worked each workweek.)	_____
g. FLSA Special Comp. in lieu of paid overtime.	_____

ADMINISTRATIVE LEAVE TAKEN - TOTAL:		Hrs.	Mins.
	Hrs. Mins.		
44		69	
45		75	
56		80	
57		82	
61		83	
65			

LEAVE WITHOUT PAY TAKEN - TOTAL:		Hrs.	Mins.
	Hrs. Mins.		
48			
49			
58			
59			
60			
68			

LEAVE USED:		Hrs.	Mins.
	Hrs. Mins.		
		91	
		92	
		51	
		52	
		53	
		54	
		55	
		85	

I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked, authorized overtime and authorized leave.

 Employee's Signature & Date of Signature

It is the supervisor's responsibility to verify the accuracy of the attendance and leave record and to accurately record the hours in People First.

 Supervisor's Signature, Date of Signature, & Telephone Number