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<th>SA</th>
<th>WEEK TOTAL</th>
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**Holiday**

- H

**Vacation**

- V

**Sick**

- S

---

**PLEASE TOTAL EACH DAY, WEEK, AND TWO WEEKS**

**ALL TIME SHEETS MUST HAVE SUPERVISOR’S AND EMPLOYEE’S SIGNATURE BEFORE PAYMENT CAN BE MADE**

**ALL LEAVE MUST HAVE A SUPERVISOR-SIGNED "APPLICATION FOR LEAVE" ATTACHED**

**EMPLOYEE:** ____________________________  **SUPERVISOR:** ____________________________

**DATE:** ____________________________  **DATE:** ____________________________

**Below for Fiscal Only**

- Straight Time Hours: ____________________________
- Vacation: ____________________________
- Accrued Vacation: ____________________________
- Overtime 1-1/2: ____________________________
- Sick: ____________________________
- Accrued Sick: ____________________________
- Holiday: ____________________________
- Salary or Gross: ____________________________
- Dept. Code: ____________________________

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**Account Codes:**

- B = Bereavement
- FH = Floating Holiday
- L = Leave Without Pay
- *AL = Admin. Leave

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**Rev 8/03**