

**LEGEND:**  
 ■ = Last day of month  
 H = Holiday

**SUGGESTED CODES:**  
 A = Annual Leave  
 M = Military Leave  
 S = Sick Leave  
 R = Restored Leave  
 E = Excused  
 D = Award Leave  
 W = AWOL  
 L = LWOP  
 CE = Comp. Earned  
 CU = Comp. Used  
 OT = Overtime  
 C = Continuation of Pay for Traumatic

**TOUR OF DUTY**

LEAVE EARNED	LEAVE CATEGORY	PER PAY PERIOD		PER LEAVE YEAR		ANNUAL LEAVE		SICK LEAVE	
		ANNUAL	SICK	ANNUAL	SICK	CARRY-OVER		CARRY-OVER	
		4	4	104	104				
6	6*	4	160	104					
8	8	4	208	104					

\* 10 hours pay period ending 12/25.

CODE	PAY PERIOD DATES	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	THIS PAY PERIOD		USED TO DATE	BALANCE	THIS PAY PERIOD		USED TO DATE	BALANCE					
																EARNED	USED			EARNED	USED							
3	1/11 - 1/24									H																		
4	1/25 - 2/7								■																			
5	2/8 - 2/21									H																		
6	2/22 - 3/6								■																			
7	3/7 - 3/20																											
8	3/21 - 4/3											■																
9	4/4 - 4/17																											
10	4/18 - 5/1															■												
11	5/2 - 5/15																											
12	5/16 - 5/29																											
13	5/30 - 6/12		H	■																								
14	6/13 - 6/26																											
15	6/27 - 7/10					■				H																		
16	7/11 - 7/24																											
17	7/25 - 8/7								■																			
18	8/8 - 8/21																											
19	8/22 - 9/4											■																
20	9/5 - 9/18		H																									
21	9/19 - 10/2															■												
22	10/3 - 10/16									H																		
23	10/17 - 10/30																											
24	10/31 - 11/13		■											H														
25	11/14 - 11/27												H															
26	11/28 - 12/11					■																						
27	12/12 - 12/25														H													
1	12/26 - 1/8							H	■																			

EMPLOYEE	ADDRESS (Street, City, State, and ZIP Code)	TELEPHONE	AREA CODE	NUMBER	BLOCK NUMBER	SERVICE COMP. DATE	The untitled columns above and on the back provide space to record other leave or premium pay categories that may apply.
	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER		LEAVE CAT. CODE	EOD OR TRANS. DATE		

This suggested form is for timekeepers to use in recording daily and bi-weekly pay and leave activity. The form is a record of what SHOULD BE recorded into the official payroll system. The bi-weekly pay and leave statements, the Supervisor's Time and Attendance Report, and the Premium Pay Report as well as other management reports reflect what IS in the official payroll system. Those reports should agree with the data on this form. The untitled columns on this form may be used to maintain usage and balances for any leave and premium pay categories that may apply for an individual employee. Examples: Leave categories - Shared (Donated), Restored, Award, Family Friendly (Sick or Medical), Military, Compensatory Leave, and Credit Hours. Premium Pay hours include EDP, Sunday Premium, Night Differential, and Overtime can be included.

PAY PERIOD		OTHER TYPES OF LEAVE CATEGORIES																
CODE	DATES																	
3	1/11 - 1/24																	
4	1/25 - 2/7																	
5	2/8 - 2/21																	
6	2/22 - 3/6																	
7	3/7 - 3/20																	
8	3/21 - 4/3																	
9	4/4 - 4/17																	
10	4/18 - 5/1																	
11	5/2 - 5/15																	
12	5/16 - 5/29																	
13	5/30 - 6/12																	
14	6/13 - 6/26																	
15	6/27 - 7/10																	
16	7/11 - 7/24																	
17	7/25 - 8/7																	
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23	10/17 - 10/30																	
24	10/31 - 11/13																	
25	11/14 - 11/27																	
26	11/28 - 12/11																	
27	12/12 - 12/25																	
1	12/26 - 1/8																	