



MONTHLY LEAVE REPORT
PROTECTION AND ADVOCACY PROJECT
 SFN 17220 (05-2019)

Month of	Year	Date Report Submitted
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Employee Name

Week 1:

I worked ONLY the standard 40 hours this work week.
 (If MORE or LESS than 40 hours complete daily report below)

DAY	Sun	Mon	Tues	Wed	Thu	Fri	Sat	TOTAL
No. Hours Worked								
No. Hours Absent								
Absence Code *								
hours overtime worked X 1 1/2								
hours comp. time earned								

Week 2:

I worked ONLY the standard 40 hours this work week.
 (If MORE or LESS than 40 hours complete daily report below)

DAY	Sun	Mon	Tues	Wed	Thu	Fri	Sat	TOTAL
No. Hours Worked								
No. Hours Absent								
Absence Code *								
hours overtime worked X 1 1/2								
hours comp. time earned								

Week 3:

I worked ONLY the standard 40 hours this work week.
 (If MORE or LESS than 40 hours complete daily report below)

DAY	Sun	Mon	Tues	Wed	Thu	Fri	Sat	TOTAL
No. Hours Worked								
No. Hours Absent								
Absence Code *								
hours overtime worked X 1 1/2								
hours comp. time earned								

Week 4:

I worked ONLY the standard 40 hours this work week.
 (If MORE or LESS than 40 hours complete daily report below)

DAY	Sun	Mon	Tues	Wed	Thu	Fri	Sat	TOTAL
No. Hours Worked								
No. Hours Absent								
Absence Code *								
hours overtime worked X 1 1/2								
hours comp. time earned								

Week 5:

I worked ONLY the standard 40 hours this work week.
 (If MORE or LESS than 40 hours complete daily report below)

DAY	Sun	Mon	Tues	Wed	Thu	Fri	Sat	TOTAL
No. Hours Worked								
No. Hours Absent								
Absence Code *								
hours overtime worked X 1 1/2								
hours comp. time earned								

On-Call

On-call work earning 8 hours of comp. time
 Worked From Worked To

On-call work over a holiday earning 4 hours of comp. time
 Date

	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	TOTAL
Hours Worked									
No. of Calls									

*** Absence Codes**

1 - Annual Leave	5 - Funeral	9 - Comp Time
2 - Sick Leave	6 - Without Pay	10 - Family Sick Leave
3 - Military	7 - Holiday	11 - Flex Time
4 - Jury	8 - Other	12 - On-Call Comp Time

Monthly reports are completed for the period covering the 1st day through the last calendar day of the month.

This is a correct report of my work hours and absences.

Employee Signature	Supervisor's Verification
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