EMPLOYEE LEAVE CARD

GS 23 (REV. 6/93)

MONTH	SICK LEAVE EARNS _____ HRS.				VAC/AL EARNS _____ HRS.			PAID O.T.		PER. HOL.		Dock L/A Hrs.	Bereav. Leave Hrs.	ML/JD Days	EXCESS HOURS WORKED						MONTH
	Beg. Bal.	Used	End. Bal.	FS/FD	Beg. Bal.	Used	End. Bal.	Prem.	Straight	Earn	Used				Earn HC	Earn Ex. Hrs.	Total	Used	Bal.		
FWD BAL																					FWD BAL
JUL																					JUL
AUG																					AUG
SEP																					SEP
OCT																					OCT
NOV																					NOV
DEC																					DEC
JAN					*																JAN
FEB																					FEB
MAR																					MAR
APR																					APR
MAY																					MAY
JUN																					JUN
TOTAL																					TOTAL

*Max vacation carryover per MOU provision

INTERMITTENT EMPLOYEES

MONTH			All Hrs.	160/140		160/140		QUALIFYING HOURS FOR: All Hrs. Ret. Mem.	160/140 Prob. Period		160/140	All Hrs. Ins.		Rng. Chg.		AllTime Wkd.:			CTO Hours:						MONTH
	Reg. Hrs. Paid	O.T. Hrs.	Towards 1500 Hrs.	SL/Vac Hours	Carry Over	TSS Hrs.	SL Q	1000 Hrs.	Date	Hours	SISA/ MSA Hours	HB	Den./ Vis.	Rng.	Hours	Wkd.	Reim.	Total	Wkd.	Prem.	Total	Used	Bal.	Prior Yr.	
FWD BAL																									FWD BAL
JUL																									JUL
AUG																									AUG
SEP																									SEP
OCT																									OCT
NOV																									NOV
DEC																									DEC
JAN																									JAN
FEB																									FEB
MAR																									MAR
APR																									APR
MAY																									MAY
JUN																									JUN

Total State Service as of / /

_____ Years _____ Months _____ Hours

Vac/AL Group Change | Time Base | Work Week Begins | Time W.W. Begins _____ _____.M. | Direct Pay ☐ YES ☐ NO

Fiscal Year	Last Name	First	M.I.	Social Security Number	Position Number	CB/ID	WWG	FLSA
/								

EMPLOYEE LEAVE CARD

GS 23 (REV. 6/93)

MONTH	SICK LEAVE EARNS _____ HRS.				VAC/AL EARNS _____ HRS.			PAID O.T.		PER. HOL.		Dock L/A Hrs.	Bereav. Leave Hrs.	ML/JD Days	EXCESS HOURS WORKED						MONTH
	Beg. Bal.	Used	End. Bal.	FS/FD	Beg. Bal.	Used	End. Bal.	Prem.	Straight	Earn	Used				Earn HC	Earn Ex. Hrs.	Total	Used	Bal.		
FWD BAL																					FWD BAL
JUL																					JUL
AUG																					AUG
SEP																					SEP
OCT																					OCT
NOV																					NOV
DEC																					DEC
JAN					*																JAN
FEB																					FEB
MAR																					MAR
APR																					APR
MAY																					MAY
JUN																					JUN
TOTAL																					TOTAL

*Max vacation carryover per MOU provision

INTERMITTENT EMPLOYEES

MONTH	Reg. Hrs. Paid	O.T. Hrs.	All Hrs. Towards 1500 Hrs.	160/140 SL/Vac Hours	Carry Over	160/140 TSS Hrs.	SL Q	QUALIFYING HOURS FOR: All Hrs. Ret. Mem. 1000 Hrs.	160/140 Prob. Period Date	160/140 Prob. Period Hours	160/140 SISA/ MSA Hours	All Hrs. Ins. HB	All Hrs. Ins. Den./ Vis.	Rng. Chg. Rng.	Rng. Chg. Hours	AllTime Wkd.: Wkd.	AllTime Wkd.: Reim.	AllTime Wkd.: Total	CTO Hours: Wkd.	CTO Hours: Prem.	CTO Hours: Total	CTO Hours: Used	CTO Hours: Bal.	CTO Hours: Prior Yr.	MONTH
FWD BAL																									FWD BAL
JUL																									JUL
AUG																									AUG
SEP																									SEP
OCT																									OCT
NOV																									NOV
DEC																									DEC
JAN																									JAN
FEB																									FEB
MAR																									MAR
APR																									APR
MAY																									MAY
JUN																									JUN

Total State Service as of / /

_____ Years _____ Months _____ Hours

Vac/AL Group Change | Time Base | Work Week Begins | Time W.W. Begins _____ _____.M. | Direct Pay ☐ YES ☐ NO

Fiscal Year	Last Name	First	M.I.	Social Security Number	Position Number	CB/ID	WWG	FLSA
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