## ANNUAL LEAVE CREDITS STATEMENT STD. 644 (Rev. 10/2019)

EMPLOYEE'S NAME										DATE PREPARED			PREPARED BY ATTENDANCE RECORDS OFFICE (Signature)						
								<b>A</b>											
DEPARTMENT				UNIT						WORK WEEK GROUP									
6	eligibility	our record of sick leave y are affected by the Mailed information on t	lemorandum	of Under	standing	between	your excl	usive rep	resantati	ve and the	e State of	Californ	ia.						
	represent						·		,		ĺ	. 1	•		Ź				
		tive employees shall a											Nonrepr	esented e	mployee	s shall			
VACATION/ANNUAL LEAVE GROUP CODE  VACATION/ANNUAL LEAVE GROUP CODE  PER PAY PERIOD IN HOURS				rdance with Department of Personnel Administration (  YOUR MAXIMUM VACATION/ANNUAL LEAVECARRY-OVER IN HOURS IS  YOUR EARNING CATE( DURING THE NEXT 12					GORY WILLL CHANGE IF YES, YO			OU WILL RECEIVE THE HIGHER CREDITS IN THE PAY PERIOD FOR (Year)							
		TENTAL PENIOD IN TIGORIO	3				YES		NO		(	19							
SATURDAYHOLIDAYAVA YES	NO NO	PERSONAL HOLIDAY USED	NOT US	NOT ELIGIBLE UNTIL COMPLETION OF 6 MONTHS OF THE INITIAL PROBATIONARY PERIOD															
			DAY	SICK LEAVE HOURS				VACATION/ANNUAL LEAVE HOURS			PERSONAL LEAVE DAYS (IN HOURS)			OVERTIME HOURS					
		PAY PERIOD	TOTAL AVAILABLE	USED	BALANCE	TOTAL AVAILABLE	USED	BALANCE	TOTAL AVAILABLE	USED	BALANCE	TOTAL AVAILABLE	WORKED	USED	BALANCE	PRIOR YEAR OVERTIME			
These are your credits as of the first of the Pay Period shown. If you have any questions concerning them, notify the office to which your attendance is reported.  Keep this record up to date by Pay Period so you will know where you stand.			ост																
			NOV																
			DEC																
			JAN																
			FEB																
			MAR																
			APR																
			MAY																
			IIINE																
			JUNE																
			JULY																
			AUG																
	SEPT																		