

APRIL 2009

Employee Name _____

WEEKLY/MONTHLY TIME SHEET AND LEAVE APPROVAL FOR PROFESSIONAL LEVEL 2 AND 3 EMPLOYEES OF THE JOINT INSTITUTE FOR THE STUDY OF THE ATMOSPHERE AND OCEAN

Leave*Approval

Supervisor

Supervisor

Supervisor

Supervisor

Supervisor

Indicate the number of hours you worked during your regular work schedule and any cruise time or leave taken.

For cruise time earned this month, I (the employee) would like:

_____ of the hours to be paid. _____ of the hours as compensatory time.

We certify that the hours claimed for payment and/or compensatory time are correct.

Comp Time Balances	
Previous Month	_____
Accrued	_____
Used	_____
Total	_____

Employee Signature _____ Supervisor Signature _____

*Prior approval required for all leave except sick leave, which must be approved within three days of returning to work.

Leave Key			
W:Hours Worked	HA:Holiday Credit Accrued	C:Civil Leave	FMLA Covered Leave
A:Annual Leave	HU:Holiday Credit Used	L:Leave Without Pay	AF:Annual Leave HF:Holiday Credit
S:Sick Leave	PH:Personal Holiday	M:Military Leave	SF:Sick Leave LF:Leave without Pay
CAS:Comp Time Accrued	B:Bereavement Leave	SH:Shared Leave Used	PHF:Personal Holiday SHF:Shared Leave
CU:Comp Time Used	SP:Overtime Worked & Paid	DU:Discretionary Lv Used	DLF:Discretionary Lv Used