

FEBRUARY 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 |