

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