

# SEPTEMBER 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.

<b>Comp Time Balances</b>	
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.

<b>Leave Key</b>			
W:Hours Worked	HA:Holiday Credit Accrued	C:Civil Leave	<b>FMLA Covered Leave</b>
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