

Office of Public Instruction

Name: _____ Last _____ First _____ MI _____ Employee ID#: _____

Pay Period Ending: _____ Hours not identified to a budget OR Budget #: _____

WEEK #1

WEEK #2

Date	WEEK #1							Total of Week #1**	WEEK #2							Total of Week #2**
	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Regular Hours Worked																
Holiday																
Vacation																
Sick Leave																
*Comp. Time Taken																
Jury Duty/Military Duty (circle one)																
Leave Without Pay																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*Overtime																

*Overtime or comp time accrued the same week as leave or comp time is taken may not be approved.

**Note: These columns should total Week #1 and Week #2 for each separate budget section

Reason for compensatory time/overtime worked: _____

Budget # _____

WEEK #1

WEEK #2

Date	WEEK #1							Total of Week #1**	WEEK #2							Total of Week #2**
	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Regular Hours Worked																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*Overtime																

*Overtime or comp time accrued the same week as leave or comp time is taken may not be approved.

**Note: These columns should total Week #1 and Week #2 for each separate budget section

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Budget # _____

WEEK #1

WEEK #2

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	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Regular Hours Worked																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*sOvertime																

*Overtime or comp time accrued the same week as leave or comp time is taken may not be approved.

**Note: These columns should total Week #1 and Week #2 for each separate budget section

Reason for compensatory time/overtime worked: _____

WEEK #1

WEEK #2

Total all hours from each budget section front & back including comp time/overtime

Total all hours from each budget section front & back including comp time/overtime

Budget # _____

WEEK #1

WEEK #2

Date	WEEK #1							Total of Week #1**	WEEK #2							Total of Week #2**
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*FLSA Comp. Time Earned (record actual hours worked)																
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Budget # _____

WEEK #1

WEEK #2

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*Hour for Hour Comp. Time Earned																
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**Note: These columns should total Week #1 and Week #2 for each separate budget section

Budget # _____

WEEK #1

WEEK #2

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Regular Hours Worked																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*Overtime																

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ADVANCE LEAVE/OVERTIME/COMP TIME REQUEST

Date	WEEK #1							WEEK #2							Total
	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Advance Vacation Request															
Advance Comp. Time Leave															
Advanced Request to Accrue Comp. Time/ Overtime															

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

I certify that the hours claimed and budget(s) charged are valid.

Employee's Signature: _____ Date: _____

I approve this claim. To the best of my knowledge this is the employee's hours worked and leave taken.

Supervisor's Signature: _____ Date: _____