

VACATION/SICK LEAVE/OVERTIME REPORT

Month _____ Year _____ District/County _____

Employee Name				
NIS Address Book #				
Day of Month				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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19				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Monthly Totals

Vacation				
Sick				
Funeral				
Other				
Comp. Earned				
Comp. Used				

Prepared by: _____

Indicate deviations from normal work day above

V=Vacation, S=Sick, F=Funeral, CE=Comp Time Earned, CU=Comp Time Used
 M=Military, I=Injury, H=Holiday, C=Civil, A=Administrative, LOA= Leave Without Pay
 FMLA/S=Family Medical Leave Sick, FMLA/V=Family Medical Leave Vacation