

TOWN OF CLAYTON
APPOINTED EMPLOYEE TIME RECORD

NAME:		MONTH:	
LAST FOUR OF SOCIAL SECURITY #		DEPARTMENT:	

DATES ABSENT						DATES CREDITED	
VACATION LEAVE	SICK LEAVE	PERSONAL LEAVE	HOLIDAY	BEREAVEMENT LEAVE	HOLIDAY COMP TIME		
TOTAL DAYS:	TOTAL DAYS:	TOTAL DAYS:	TOTAL DAYS:	TOTAL DAYS:	TOTAL DAYS:	TOTAL DAYS:	

Vacation Time for full-time employees is as follows:

<i>Yrs of Service</i>	1	2	3	4	5	6	7	8	9	10	11	12-15	15+
<i>Days of vacation</i>	5	10	11	12	13	14	15	16	17	18	19	20	25

*Beginning 1/1/98, all newly hired employees will receive a maximum of 20 days for vacation at 15+ years of service.

***All full time employees shall receive ten paid days of **Sick Leave** upon the effective date of their employment and they shall earn one paid sick day every calendar month worked thereafter. A maximum of 1,040 paid hours of sick leave may be accumulated.

****All full time employees shall be granted three days of paid **Personal Leave** per year. This personal leave shall not roll over from year to year.

Eligible employees shall be paid **Holiday Leave for New Year's Day; Martin Luther King Day; President's Day; Memorial Day; Independence Day; Labor Day; Columbus Day; Veteran's Day; Thanksgiving Day; the day after Thanksgiving Day; and Christmas Day.

**Eligible employees for holiday pay who work on that holiday shall receive, in addition to holiday pay, time and one half for the hours actually worked.

ACCRUAL SUMMARY

	VACATION LEAVE	SICK LEAVE	PERSONAL LEAVE	HOLIDAY	BEREAVEMENT LEAVE
BALANCE: BEGINNING OF MONTH					
TIME USED DURING MONTH					
SUB-TOTAL					
TIME EARNED					
BALANCE: END OF MONTH					

I certify that this report accurately records my absences and that I was otherwise present, as required, for the month indicated.

Employee's Signature _____ Date _____

I certify that I have reviewed this record and find it correct.

Supervisor's Signature _____ Date _____

APPOINTED EMPLOYEE TIME RECORD

Town of Clayton

Day	Date	# Hrs Worked	Vacation Leave	Sick Leave	Personal Leave	Holiday Leave	Holiday Comp
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hrs Worked							
a.		-40	Less Regular Hours OT Hours (over 40) *if applicable	Bereavement Leave: *indicate # days used			

Day	Date	# Hrs Worked	Vacation Leave	Sick Leave	Personal Leave	Holiday Leave	Holiday Comp
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hrs Worked							
b.		-40	Less Regular Hours OT Hours (over 40) *if applicable	Bereavement Leave: *indicate # days used			

Day	Date	# Hrs Worked	Vacation Leave	Sick Leave	Personal Leave	Holiday Leave	Holiday Comp
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hrs Worked							
c.		-40	Less Regular Hours OT Hours (over 40) *if applicable	Bereavement Leave: *indicate # days used			

Day	Date	# Hrs Worked	Vacation Leave	Sick Leave	Personal Leave	Holiday Leave	Holiday Comp
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hrs Worked							
d.		-40	Less Regular Hours OT Hours (over 40) *if applicable	Bereavement Leave: *indicate # days used			

Day	Date	# Hrs Worked	Vacation Leave	Sick Leave	Personal Leave	Holiday Leave	Holiday Comp
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hrs Worked							
e.		-40	Less Regular Hours OT Hours (over 40) *if applicable	Bereavement Leave: *indicate # days used			

a. b. c. d. e.

CHARGED/EARNED TOTALS:

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OVER TIME	
Total OT hrs (a+b+c+d+e)	
Times 1.5	X 1.5
Total:	Office Use Only
Over 40 Comp Time this Month	

I certify that this report accurately records my absences and that I was otherwise present, as required, for the month indicated.

Employee's Signature: _____

Date _____

Received by: _____

Date _____

Processed on Payroll by: _____ Date _____