Year: _____

Name:						P									Department: Position									ion i	on #:															
Date of Hire:				-		Pl								Vacation Entitlement Plus Vacation Carryover <u>Yacation Days Due</u>							+	 																		
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Codes: S - Sickness/ Accident V - Vacation B - Bereavement Leave M - Maternity/Paternity Leave												X - Indicates leave without pay O - Time off in lieu of compensation for overtime L - Long Term Disability F - Family/Floating Leave W— Workers' Compensation / - Indicates ½ day absences													on															
Remarks:												ering on t							ent	ering	g the	e nu	ımbe	er of	exc	ess	hou	ırs.												
Signature	gnature of Immediate Supervisor:																	_			D	ate	:																	