**Scioto County Board of Health Individual Payroll Report**

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| Name  | time sheet end date  |

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| **REQUEST FOR LEAVE** |  |  |  |
| Date | Hours workedFor part time employees | Vacation hours | Sick hours | Comp hours | Military | Other leave(explain below) |
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| TOTALS |  |  |  |  |  |  |
| TYPES OF LEAVE (EXPLANATIONS)Bereavement Leave Name of Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_Leave Without Pay Leave without pay reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Explain other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sick Leave Sick Leave reason if 3 days or over (Dr. excuse needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vacation Leave Comp Time Jury Duty Military Leave Personal Leave  |
| COMMENTS:Standard hours of business: The standard 8 hour work day is 8:30 – 4:30, flex time may be granted but must be pre approved by your immediate supervisor.Comp time must be pre approved.  |

Administrative action

I certify the statements made hereon are true and accurate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature Date

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 Supervisor Signature Date

REV. 6/16