**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 worked  For 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

REV. 6/16