	EMPLOYEE SERVICE RECORD														2024					
EMPLOYEE NUMER																		YEAR		
NAME AS ON SOCIAL SECURITY CARD										SOC.SEC.NO.						CLASSIFICAT	YON			
Mr., Mrs., Miss) ADDRESS									OFFICE, BOARD OR DEPT.							BEGIN DATE EMPL.			ACCRUAL DATE	
												PAY	VACATION LEAVE			SICK LI	EAVE	NOTES		
	FIRST WEEK SECO						ECO	OND WEEK			DATE	TAKEN EARNED		BALANCE	TAKEN	EARNED	BALANCE	110133		
PAY PERIOD	S	M T	W	T	F	SS	M	T	W	T	F S									
12/17/23-12/30/23												01/12/24								
12/31-01/13												01/26/24								
01/14 - 01/27												02/09/24								
01/28 - 02/10												02/23/24								
02/11 - 02/24												03/08/24								
02/25 - 03/09												03/22/24								
03/10 - 03/23												04/05/24								
03/24 - 04/06												04/19/24			1		-			
04/07 - 04/20												05/03/24								
04/21 - 05/04												05/17/24								
05/05 - 05/18												05/31/24								
05/19 - 06/01												06/14/24								
06/02 - 06/15												06/28/24				-				
06/16 - 06/29												07/12/24								
06/30 - 07/13												07/26/24								
07/14 - 07/27												08/09/24								
07/28 - 08/10												08/23/24								
08/11 - 08/24												09/06/24								
08/25 - 09/07												09/20/24								
09/08 - 09/21												10/04/24								
09/22 - 10/05												10/18/24								
10/06 - 10/19												11/01/24								
10/20 - 11/02												11/15/24								
11/03 - 11/16												11/27/24								
11/17 - 11/30												12/13/24				1				
12/01 - 12/14												12/27/24						***************************************		

S-SICK

L - LOST TIME

OL-OTHER AUTHORIZED LEAVE

HOURLY SHOW VACATION/SICK DAYS IN 1/2 HOUR INCREMENTS EXEMPT SHOW VACATION/SICK IN 1/4 DAY INCREMENTS