

NAME: _____ EMPLOYMENT STATUS: FT/ PT/ PRN SUPERVISOR: _____

PAID TIME OFF/UNPAID TIME OFF		TOTAL DAYS/VISITS LEFT	DATE/S USED	APPROVED	REQUEST FILED
PAID OR UNPAID				YES/NO	YES/NO
PAID OR UNPAID				YES/NO	YES/NO
PAID OR UNPAID				YES/NO	YES/NO
PAID OR UNPAID				YES/NO	YES/NO
PAID OR UNPAID				YES/NO	YES/NO
PAID OR UNPAID				YES/NO	YES/NO
PAID OR UNPAID				YES/NO	YES/NO
EMERGENT DAYS	1 ST QUARTER			YES/NO	YES/NO
	2 ND QUARTER			YES/NO	YES/NO
	3 RD QUARTER			YES/NO	YES/NO
	4 TH QUARTER			YES/NO	YES/NO
VACATION TIME		TOTAL DAYS/VISITS LEFT	DATE/S USED	APPROVED	REQUEST FILED
				YES/NO	YES/NO
				YES/NO	YES/NO
				YES/NO	YES/NO
				YES/NO	YES/NO
CEU TIME		TOTAL DAYS/VISITS LEFT	DATE/S USED	APPROVED	REQUEST FILED
				YES/NO	YES/NO
				YES/NO	YES/NO
				YES/NO	YES/NO
PAID HOLIDAYS		TOTAL DAYS/VISITS LEFT	DATE/S USED	APPROVED	REQUEST FILED
NEW YEAR'S				YES/NO	YES/NO
MEMORIAL DAY				YES/NO	YES/NO
INDEPENDENCE DAY				YES/NO	YES/NO
LABOR DAY				YES/NO	YES/NO
THANKSGIVING DAY				YES/NO	YES/NO
CHRISTMAS EVE				YES/NO	YES/NO
CHRISTMAS DAY				YES/NO	YES/NO