**PURCHASE DISTRICT HEALTH DEPARTMENT**

**EMPLOYEE TIME SHEET**

Employee Name: ____________________  Pay Period Ending: _______  Employee Signature: _______________________________________________________

Supervisor Signature: _______________________________________________________

— Approved/Altered Schedule (If your actual schedule differs from your approved schedule, attach a Schedule Change/Leave Slip.) —

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— Worked Hours: —

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— Total Actual Hours Worked (Do not include Leave Hours) —

|     |     |     |      |     |      |     |     |     |     |      |     |      |     |     |     |     |     |     |

Week 1: Total Hours Worked = _______

Week 2: Total Hours Worked = _______

For District Office Use Only: Total Paid Hrs ______ T _______
## SCHEDULE CHANGE AND LEAVE SLIP

**Employee Name:** ______________________  **Payperiod Ending:** ___________  **Employee Signature:** _______________________

<table>
<thead>
<tr>
<th>Leave Hours</th>
<th>Leave Codes: S – Sick Leave, C – Compensatory Leave, H – Holiday, V – Annual Leave, J – Jury Duty, A – Military Leave, L – All Other Paid</th>
</tr>
</thead>
</table>

**Note:** Each row should represent one day

**You can use more than one leave code per row.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Begin Time of leave</th>
<th>End Time of leave</th>
<th>Explanation</th>
<th>Plus/Minus Hours Only</th>
<th>Leave Hours Only</th>
<th>Approval</th>
</tr>
</thead>
</table>

**Week One**

Subtract plus/negative hours balance from leave hours. Negative balance hours requires leave to be used.

**Week Two**

Subtract plus hours balance from leave hours. Negative balance hours requires leave to be used.

**Note:** The Plus/Minus hours column should reflect increased or decreased hours from the approved schedule on page one.