## EMPLOYEE ATTENDANCE REPORT



State Form 14304 (R4 / 12-99) A-4 Approved by State Board of Accounts 1997

## INSTRUCTIONS

- 1. This form must be completed by each employee and approved by the immediate supervisor (except where use of an alternate attendance report has been approved by the State Board of Accounts).
- 2. Enter number of hours rounded to the nearest quarter hour (15 minutes = .25; 30 minutes = .50; 45 minutes = .75; 60 minutes = 1.00).
- 3. On the day that holidays are observed, enter in the Holiday box the number of hours you would normally have been scheduled to work. If you worked the holiday, also enter in the Other Compensable Hours worked box, all hours actually worked.
- 4. All overtime must be pre-approved. For payable overtime, you will only be paid the overtime if total hours for the week meet overtime requirements.
- 5. Working hours in excess of the minimum required does not entitle an overtime exempt employee to overtime pay or compensatory time off unless special authorization has been received for this pay period. Special overtime pay authorization should be explained in the comments section. Compensatory time accrued or used by exempt employees should also be recorded on the Compensatory Time Worksheet.
- 6. If an absence is covered by the Family and Medical Leave Policy, enter the hours of absence in the appropriate Paid or Unpaid Leave box AND in the Family and Medical Leave box.
- Total regular hours should equal regular bi-weekly schedule (for example 75.00). This includes regular hours worked, holiday pay, vacation, sick, personal, compensatory and other leave hours.

TIME ENTRY																		
DESCRIPTION	S	S M T W T				F	S	S	S M T		νт		F	S	TOTAL HOURS			
Regular Hours worked																		
Other Compensable Hours worked																		
Holiday																		
Vacation leave																		
Sick leave																		
Personal leave																		
Compensatory leave used																		
Funeral leave																		
Military leave																		
Jury duty																		
Leave without pay																		
Other Leave (specify below)																		
Family and Medical Leave																		
	Total Regular Hours																	
Week 1:	Overtime Summary to be completed by payroll clerk Week 1: Week 2:																	
Regular Overtime Premium Overti				/ertime				ar Over	time	Premium Overtime								
Total Compensatory Hours Accrued This Pay Period					eriod:	Reg	ular	+ ( Premium x 1.5) =					=					
Total Other Hours Payable This Pay Period:Regular+ (Premium x 1.5) =																		
						version of Regular			our Day 5.0				0.0	0.5	0.0	4.5	4.0	0.5
Days 10.0 9.5 Hours 75.00 71.2		8.5 0 63.75	8.0 5 60.00	7.5 0 56.25	7.0 5 52.50	6.5 48.75	6.0 45.00	5.5 ) 41.25		4.5 33.75	4.0 30.00	3.5 26.25	3.0 22.50	2.5 18.75	2.0 15.00	1.5 11.25	1.0 7.50	0.5 3.75
								Comme										
						l ce	rtify th	is rene	rt is cou	rect								
Signature of employee (claimant)					Da	I certify this report is correct.           ate signed         Approved by:								Date signed				
See additional information on back of form																		

Classification Title Agency / Division / Section / Unit Account Bi-weekly pay period

through Saturday,

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Sunday,

Employee number

Name of employee (last, first, middle)