

Community Health Center/Southeast Kansas Salaried Employee Absence Report

To receive a paycheck, this report must be returned to the Finance Director by **12:00 noon** on the Monday following the above Pay Period End Date. If this time sheet is not returned, this will result in **NO PAY** for this pay period. Please note Comment/Illness Codes in area provided.

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Absent							
½ or full day only							
Absent Code							
Illness/Comment							
Misc.							

SUMMARY:	
Worked	001 _____
PTO	034 _____
STIP	036 _____
Professional	035 _____
Other	_____
Misc.	_____
TOTAL	_____

Total hours cannot exceed authorized hours, unless prior approval has been received.

Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Absent							
½ or full day only							
Absent Code							
Illness/Comment							
Misc.							

COMMENTS:

SUBMITTED BY: _____ DATE _____

APPROVED BY: _____ DATE _____

*****TOTAL HOURS NEED TO BE COMPLETED*****

PAID ABSENCES:	<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
	030	FUNERAL LEAVE	034	PTO (Paid Time Off)
	031	CIVIL LEAVE	035	PROFESSIONAL LEAVE