



# EARNED TIME OFF

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Record the number of earned time off hours you would like paid on your \_\_\_\_/\_\_\_\_/\_\_\_\_ paycheck.

### Vacation Time Used

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of vacation

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of vacation

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of vacation

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of vacation

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of vacation

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of vacation

### Sick Time Used

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of sick

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of sick

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of sick

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of sick

### Funeral Leave Used

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of funeral

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of funeral

### Jury Duty Used

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of jury duty

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of jury duty

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of jury duty

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of jury duty

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of jury duty

### Paid Training Time

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of training

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of training

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of training

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of training

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ hours of training

Employee Signature: \_\_\_\_\_

Manager Signature: \_\_\_\_\_