VIRGINIA MILITARY INSTITUTE

Classified Employee Work Record

To: HR
(Due no later than the 27th day of the month)

Department: _____

Date Submitted: _____

The following is a work record for the employee named for the period 10th - 24th _____

Name:_____ Employee ID: _____

- Work week is Friday through Thursday
- If you are requesting OT pay for hours worked over 40, please circle these hours in red.
- All OT hours (for pay) must be approved in advance by HR
- Attach supporting documentation for Community Service or Administrative Leave

Leave Plan: **Traditional** or **VSDP** (please circle your leave plan)

Date	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Hours Worked															
Leave Code															
Number of Hours															

I hereby certify the above to be an accurate and correct report of hours worked and leave time taken for employee named.

Employee Signature: _____

Approved: _____

Supervisor

Hours	Code	Hours	Code
	A - Annual Leave		K - Overtime Leave Earned
	B - Holiday		L - Overtime Leave Used
	C - Sick Leave/Personal		M - Compensatory Leave Earned
	D - Sick Leave/ Family		N - Compensatory Leave Used
	E - Leave Share		O - Community Service
	F - Sick Leave Charged to Annual Leave		P - VSDP - Personal Sick
	G - Administrative Leave		Q - VSDP - Family & Personal
	H - Military Leave		R - VSDP - ST Disability
	I - Worker's Compensation		S - VSDP - Disability Credits
	J - Leave of Absence Without Pay		T - Bonus Leave