State of Kansas
Time and Leave
Document

Department		Employee ID		Rcd#	0	Pg.	
Pay End Date		Name (L,F M)					
Position Number			N	FTE%		Work Schedule	

Erncd	Description	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Totals
REG	Regular															
VAC	Vacation															
SCK	Sick															
HDC	Holiday															
DDY	Discretionary Day															
ADM	Administrative															
	CTLA Hours															0.00
	FLSA Hours															

All times listed on this report reflect actual time charged, including leave time, and is true and correct to the best of my knowledge.

Employee's Signature / Date _____ Agency Authorization / Date _____