

Employee ID: 310005

Name: Darby, Sue

Phone: 334-2639

Location: Anchorage

Pay Period Ending: 2 29 2016

Are you working an Alternate Work Week?

☐ (Department of H&SS)

Barg. Unit: General Government Personal Leave

O.T. Eligibility: Yes

Pay Type: Salary

Division of: Senior & Disability Services

Time Report

Clear All

Day of the week	16	17	18	19	20	21	22	23	24	25	26	27	28	29			Total	Comments
	Tue	Wed	Thr	Fri	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Mon				
Time In	7:30	7:30	7:30	7:30				7:30	7:30	7:30	7:30			7:30				
Time Out	12:00	12:00	12:00	12:00				12:00	12:00	12:00	12:00			12:00				
Time In	12:30	12:30	12:30	12:30				12:30	12:30	12:30	13:00			12:30				
Time Out	15:30	15:30	15:30	15:30				15:30	15:30	15:30	15:30			15:30				
Time In																		
Time Out																		
Time In																		
Time Out																		
Total Worked Hours	7.50	7.50	7.50	7.50				7.50	7.50	7.50	7.00			7.50			67.00	

Leave Type	Description of Leave	16	17	18	19	20	21	22	23	24	25	26	27	28	29			Total
		Tue	Wed	Thr	Fri	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Mon			
165	Personal Leave							7.50				0.50						8.00
100	Office Closure																	
105	Holiday Leave																	
Total Leave Hours:								7.50				0.50						8.00
Total Daily Hours		7.50	7.50	7.50	7.50			7.50	7.50	7.50	7.50	7.50			7.50			75.00
Grand Total for Pay Period																		

Status

Full Time

RD Code

6751

Input

Close

Cert

Batch#

We certify that the time and hours of work recorded above are true and correct.

* Final determination of pay type and rate of compensation will be made by the Department of Administration.

Employee Signature

Date

29-Feb-16

Supervisor's Signature

Date

EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INITIAL)										BU		DEPT NO		EMPLOYEE I.D. NUMBER	
Darby, Sue										GGU		06		310005	
DATE LEAVE BEGINS										DATE		Total Hrs.		Supervisor Approval	
<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; text-align: center;">22</div> <div style="border: 1px solid black; width: 40px; text-align: center;">7:45</div> </div> <div style="margin-left: 5px;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div> </div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; text-align: center;">22</div> <div style="border: 1px solid black; width: 40px; text-align: center;">3:45</div> </div> <div style="margin-left: 5px;"> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM </div> </div> </div>												7.50			
<div style="display: flex; justify-content: space-between;"> <div>MONTH DAY HOUR</div> <div>MONTH DAY HOUR</div> </div>															
LEAVE TYPE - CHECK ONLY ONE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> ANN/PERS <input type="checkbox"/> MILITARY </div> <div style="width: 50%;"> <input type="checkbox"/> AUTH LWOP <input type="checkbox"/> LV CASH-IN </div> <div style="width: 50%;"> <input type="checkbox"/> SICK/PERS <input type="checkbox"/> COURT <input type="checkbox"/> DISC LWOP <input type="checkbox"/> OTHER (Explain Below) </div> <div style="width: 50%;"> <input type="checkbox"/> MATERNITY <input type="checkbox"/> WKRS COMP <input type="checkbox"/> UNAUTH LWOP </div> </div>														BUS LV USED _____ BUS LEAVE _____ UNION APPVD _____ BUS LV LABOR _____ REL APPRVD _____	
This form must be submitted within 24 hours after return to duty. EXPLANATION: _____ LV DONATED TO _____															
												2/29/16			
												DATE			
NOTE: No leave with pay will be granted in excess of that accrued to employee's credit. Bargaining Unit restricts Leave type availability. REVISD: 5/2/08												2/29/16			
												DATE			
												Form 02-035 (12/03)			

STATE OF ALASKA										LEAVE REQUEST/REPORT					
EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INITIAL)										BU		DEPT NO		EMPLOYEE I.D. NUMBER	
Darby, Sue										GGU		06		310005	
DATE LEAVE BEGINS										DATE		Total Hrs.		Supervisor Approval	
<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; text-align: center;">26</div> <div style="border: 1px solid black; width: 40px; text-align: center;">12:30</div> </div> <div style="margin-left: 5px;"> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM </div> </div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; text-align: center;">2</div> <div style="border: 1px solid black; width: 30px; text-align: center;">26</div> <div style="border: 1px solid black; width: 40px; text-align: center;">1:00</div> </div> <div style="margin-left: 5px;"> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM </div> </div> </div>												0.50			
<div style="display: flex; justify-content: space-between;"> <div>MONTH DAY HOUR</div> <div>MONTH DAY HOUR</div> </div>															
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