

**Dakota College at Bottineau
Leave & Overtime Record**

Dates of Pay Period _____, 20__ thru _____, 20__

Last Name _____ First Name _____

Position _____ EmplID _____

This form is due in the Business Office the first workdays following the 15th and the last day of the month. Leave and overtime must be approved before it occurs.

LEAVE REPORTING--Please indicate hours per day and the leave code that applies to those hours:

DATES	M	T	W	T	F
1 st week					
2 nd week					
3 rd week					

Types of Leave with Leave Code to left.

Please use the leave codes with the hours you enter above.

- A** Annual Leave
- S** Sick Leave
- SF** Sick Leave for Family (Please indicate family member.)
- F** Funeral Leave (Please indicate deceased.)
- LWP** Leave Without Pay
- M** Military Leave
- C** Comp Time (Must be used before annual leave.)

OVERTIME REPORTING:

DATES	S	M	T	W	T	F	S	OT Hours	Reason
1 st week									
2 nd week									
3 rd week									

Overtime will be paid unless designated above as Comp Time. Indicate Comp Time with a "C."

Employee Signature

Supervisor Signature

<p>I certify that the above is a true record of leave and overtime.</p>
