VIRGINIA MILITARY INSTITUTE

Classified Employee Work Record

To: HR
(Due no later than the 12th of the month)

Department: _____

Date Submitted: _____

The following is a work record for the employee named for the period 25th _____ - 9th _____

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	25	26	27	28	29	30	31
Hours Worked							
Leave Code							
Leave Hours							

Date	1	2	3	4	5	6	7	8	9
Hours Worked									
Leave Code									
Leave 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

Enter your total hours in the table below:

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