TEXAS LEGISLATIVE COUNCIL Monthly Time Report

Monthly Time Report									
Name:									
		(Last)		(First)			(Initial)		
				Month	& Year				
	lours Work			_	_	Leave Tak			
Day	Reg	Comp	Sick	Annual	Comp	Jury Duty	Emergency	Military	LWOP
1									
2									
3									
4 5				+					_
6									
7									
8									
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23					1				
24									
25									
26									
27					<u> </u>				
28				1	1				
29									
30					1				
31					1				
Total					1				

Employee Signature:	 Date:	
Reviewer Signature:	 Date:	

TLCHR Form 002(05/09) 03Y1058(1)

Instructions for Completing Monthly Time Report

- Fill in the number of hours worked up to the maximum scheduled hours for that day (for example, 8 hours per day for a full-time employee) in the *Reg Hours Worked* column. Any time worked in excess of scheduled hours, as well as all hours worked on a holiday, should be written in the *Comp Hours Worked* column. Holiday time taken (if applicable to your division policy) does not need to be recorded under *Leave Taken* and may be recorded as 0 in the *Reg Hours Worked* column.
- 2 If a complete day is not worked, hours absent must be charged to one of the Leave Taken columns.
- 3 All leave taken must be approved by your manager.

	Applie	cation for Advance A	pproval of Leav	ve				
**								
Dates Covere	d by Leave	Leave Type	(Hours)		Leave			
<u>From</u>	To	<u>Vacation</u>	Compensatory		Requested			
	_	<u> </u>			•			
<u> </u>								
		· 		•				
				•				
				Total Hours:				
								
	Diamento							
Approve	Disapprove							
		Reviewer Signature		Date				
		_						
	Apn	lication for Approva	Lof Sick Leave					
Data Comment	= =	= =						
Dates Covered b	•	Hours Explanation						
<u>From</u>	<u>To</u>	Taken	(Please describe th	e nature of illness and	statement of facts below:)			
		<u> </u>						
		<u> </u>						
		<u> </u>						
	Total Hours:							
I certify that the above sta	staments are true and co	rrect:						
i certify that the above sta	atements are true and co	illect.						
Employee Signature		Date						
1 3 8								
Physician Signature		Date						
Approve	Disapprove							
		Reviewer Signature		Dat	2			
		Reviewei Signature		Dai	C			
Note: Each employee must submit a sick leave application immediately on returning to duty after any absence because of illness.								
To be eligible for accumulated sick leave with pay for a continuous period of more than three working days, it is necessary								
to submit a doctor's certificate (or some written statement of facts) showing the nature of the illness.								
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