

DEPARTMENT OF ADMINISTRATION
PAYROLL ATTENDANCE AND TIME TRANSMITTAL

SSN _____ Last Name _____ First Name _____ Payroll Code _____ Employee Status Code _____

Division _____ Location _____

Pay Period Ending _____ Payroll RD _____ OT Elig No Yes

M = Monthly
PPT = Perm. Part-Time
STNP = Short-Term Nonperm
LTNP = Long-Term Nonperm
OCNP = On call Nonperm
EM = Emergency

G = General Government
PX = Partially Exempt
E = Excluded
S = Supervisory
K = Confidential
X = Exempt

Misc. Leave	Personal		Annual	Sick	Date	Holiday Regular Pay	Regular Pay	Overtime			Swing Hours		Grave Hours		Recall	Stand Pay	Hazard Pay	Remarks		
	Annual	Sick						S.T.	O.T.	S.T.	O.T.	S.T.	O.T.							
					1	16														
					2	17														
					3	18														
					4	19														
					5	20														
					6	21														
					7	22														
					8	23														
					9	24														
					10	25														
					11	26														
					12	27														
					13	28														
					14	29														
					15	30														
						31														
0.00	0.00	0.00	0.00	0.00	TOTALS		0.00													
	165		160	150			105	100	250	251	249	280	260	290	270	*	210	206	TOTAL	0.00

* 243, 244, 245

We certify that the information provided above is accurate.

Employee Signature: _____ Date: _____ Additional Comments: _____

Employer Signature: _____ Date: _____