



CULLMAN COUNTY COMMISSION

SALARIED EMPLOYEE LEAVE FORM

Employee Name: _____ Department: _____

Employee ID: _____ Payroll Ending Date: _____

Payroll Week 1:

Day	Date	Leave Code*	Hours Taken	Comment (If Applicable)
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

Payroll Week 2:

Day	Date	Leave Code*	Hours Taken	Comment (If Applicable)
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

***V = Vacation; S = Sick; P = Personal (taken from sick leave/reduces sick leave balance)**

Employee Signature: _____ Date: _____

For Payroll Use Only: Date Posted to Payroll: _____ Posted By: _____
