ACCRUAL REPORT - PART TIME EXEMPT EMPLOYEE

NAME _____ DEPARTMENT(S) _____

FOR MONTH OF : _____ Anniversary Date _____ Month Year

(Please Note Days Off)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	SUMMARY				
																															V	I	D	A	J

V- vacation
I- illness
D- Family Death
J- Jury Duty
O- Other(compensatory)

TYPE OF LEAVE	BEGINNING BALANCE	DAYS USED	DAYS ACCRUED	ENDING BALANCE
SICK				
VACATION				