								Pay Gr	L				Rec #:	<u> </u>		
						nesaw			-							
					Month	ly Leav	e Adju	stmen	t Form							
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Name:								Depar	tment:							_
will be calculated au Regularly scheduled Scan and email the	hours a	ind com	pensato	ry time	should r	ot be re	eported	on this	form.				THE CTI			
							Day	of the M	onth							
Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Sick	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Sick Vacation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Sick Vacation Jury Duty	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Sick Vacation Jury Duty Uncompensated	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Sick Vacation Jury Duty	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Sick Vacation Jury Duty Uncompensated	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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