Johnson, William O. 60002 536
Environmental Hlth Specialist 100%
600-Health Administration
Exempt Code C

ICHD MUNIS SELF SERVICE WORK RECORD FOR PERIOD

FISCAL YEAR JULY 1, 2012 - JUNE 30, 2013

December 13, 2012 *through* December 26, 2012

FOR PAYROLL MONTH: *January*

Public Health — Ingham County

	THURSDAY 13	FRIDAY 14	SATURDAY 15	SUNDAY 16	MONDAY 17	TUESDAY 18	WEDNESDAY 19	SUBTOTAL	THURSDAY 20	FRIDAY 21	SATURDAY 22	SUNDAY 23	MONDAY 24	TUESDAY 25	WEDNESDAY 26	SUBTOTAL	TOTAL	ADMIN USE ONLY	ADMIN USE ONLY
TIME START	8:00 AM	8:00 AM			7:00 AM	8:00 AM	7:00 AM		8:00 AM	8:00 AM									
TIME OUT A.M. LEAVE					11:00 AM				11:30 AM										
TIME OUT A.M. BACK									12:30 PM										
LUNCH LEAVE	12:00 PM	12:00 PM			11:00 AM	1:00 PM	12:00 PM		12:30 PM	12:00 PM				11:30 AM					
LUNCH BACK	1:00 PM	1:00 PM			12:00 PM	1:30 PM	12:30 PM		1:30 PM	1:00 PM									
TIME OUT P.M. LEAVE																			
TIME OUT P.M. BACK																			
TIME OUT OTHER LEAVE					12:00 PM														
TIME OUT OTHER BACK					4:00 PM														
TIME END	5:00 PM	5:00 PM			4:00 PM	5:00 PM	3:00 PM		5:00 PM	5:00 PM									
TOTAL HOURS WORKED	8.00	8.00			4.00	8.50	7.50	36.00	7.00	8.00						15.00	51.00		
COUNTY VEHICLE DRIVEN HOME							1.00	1.00									1.00	VEHICLE	900
FTE HOURS (ADMIN USE ONLY)																	75.00		
BT OR SPECIAL EVENT TIME																		13001 45141	115
MEETINGS & TRAININGS																		MEET/TRAIN	118
VACATION LEAVE TIME USED					4.00			4.00	1.00							1.00	5.00	VAC	300
FMLA VACATION USED																		FMLA VAC	320
SICK LEAVE-PERSONAL USED																		SICK	400
FMLA SICK USED																		FMLA SICK	420
FMLA SICK -DEPENDENT USED																		FMLA SICK D	423
SICK LEAVE-DEPENDENT USED																		SICK DEP	425
HOLIDAY													8.00	8.00	8.00	24.00	24.00	HOLIDAY	500
COMP LEAVE TIME USED																		COMP USED	550
ADMINISTRATIVE LEAVE TIME																		AD LEAVE	600
LEAVE WITHOUT PAY																		LWOP	610
FMLA LWOP																		FMLA LWOP	620
UNPAID LEAVE-MANDATORY																		UNPAID LV	650
TOTAL HOURS	8.00	8.00			8.00	8.50	7.50	40.00	8.00	8.00			8.00	8.00	8.00	40.00	80.00	TOTAL	
REG OVERTIME EARNED																		OT	
OVERTIME 1 1/2																		OT 1½	
COMP TIME EARNED																		COMP	551
ON-SITE WASTEWATER																		10927510-51002	0.00%
WELL PROGRAM																		10927510-51002-4751	0.00%
FOOD & LODGING	8	8			4	8.5	7.5	36.00	7	8						15.00	51.00	10927520-51002	100.00%
CHILDHOOD LEAD POISONING																		10927520-51002	0.00%
SUMMER FOOD PROGRAM																		10927520-51002	0.00%
TOTAL PROGRAM HOURS	8.00	8.00			4.00	8.50	7.50	36.00	7.00	8.00						15.00	51.00	TOTAL	
	13	14	15	16	17	18	19	SUBTOTAL	20	21	22	23	24	25	26	SUBTOTAL	TOTAL		

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF HOURS WORKED AND LEAVE TAKEN:

EMPLOYEE SIGNATURE _____ DATE _____

I CERTIFY THAT THE WORK RECORD AS SHOWN ON THIS TIME SHEET IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

SUPERVISOR PRINT NAME _____ SUPERVISOR SIGN NAME _____ DATE _____

DEPARTMENT HEAD _____