

CITY OF VICKSBURG

TIME REPORTING/ADJUSTMENT FORM

Employee Name: _____ Employee #: _____ Department: _____

ABSENCE CODES

☐ A-Accident On Job
☐ C-Chargeable Absence
☐ D-Death in Family
☐ F-Illness in Family
☐ G-Suspension
☐ I-Illness Self
☐ K-Transportation

☐ L-Leave of Absence
☐ M-Military
☐ N-Medical/Dental Appointment
☐ P-Personal (1st day Sick)
☐ R-Family Funeral (Up to 3 days)
☐ S-Family Leave (FMLA)
☐ T-Training

☐ V-Vacation
☐ W-Weather
☐ X-Accident off Job
☐ O-Other

Was absence approved 48 hours in advance? Yes ☐ No ☐ Note: If sick 3 days or more attach physician's statement.

Apply: _____ hours of **Personal Leave** List Dates of Absence(s): _____

Apply: _____ hours of **Sick Leave** List Dates of Absence(s): _____

Apply: _____ hours of **Military Leave** List Dates of Absence(s): _____

Apply: _____ hours of **FMLA** List Dates of Absence(s): _____

[FOR OFFICE USE ONLY]

Total time of absence: _____ Chargeable Absences ☐ Non-chargeable Absences ☐

OVERTIME PAY AUTHORIZATION

Date: _____ From Time: _____ To Time: _____ Hours: _____

Reason: _____

Date: _____ From Time: _____ To Time: _____ Hours: _____

Reason: _____

Date: _____ From Time: _____ To Time: _____ Hours: _____

Reason: _____

Date: _____ From Time: _____ To Time: _____ Hours: _____

Reason: _____

ADD/MODIFY TIME CLOCK PUNCHES

Date: _____ Times: _____ ADD ☐ CHANGE ☐ DELETE ☐

Date: _____ Times: _____ ADD ☐ CHANGE ☐ DELETE ☐

Date: _____ Times: _____ ADD ☐ CHANGE ☐ DELETE ☐

SIGNATURES:

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Department Head: _____

Date: _____

Division Head: _____

Date: _____

Form Process Date: _____ By: _____

* For office use only

LUNCH BREAK FORM

Employee Name: _____

Department: _____ Vehicle No. : _____
(If Applicable)

Week: _____

Time Out

Time In

Monday: / /

Location: _____

Tuesday: / /

Location: _____

Wednesday: / /

Location: _____

Thursday: / /

Location: _____

Friday / /

Location: _____

The above information is true and correct.

Employee Signature

Department

Approved by: _____

Department Head/Supervisor Signature