PREVIOUS EDITION IS NOT USABLE

## ANNUAL ATTENDANCE RECORD (CLIENTS) - 2023

OPTIONAL FORM 873 (REV. 1/2023)

	= Last day of Month A = Annual Leave S = Sick Leave E							E = Exc	SUGGESTED CODES: CUI when filled in   E = Excused W = Absent Without Leave CE = Compensation Time Earned OT = Overtime   D = Award Leave L = Leave Without Pay CU = Compensation Time Used C = Continuation of Pay for Traumatic											TOUR OF DUTY						
	= Holiday									e L=L	eave With	nout Pay	CU	= Compe	nsation I						-					
ų E	LEAVE CATEGORY ANNUAL SICK ANNUAL						SIC	K								ANNUAL LEAVE			S	SICK LEAVE						
LEAVE	4 6		4 4 104 6* 4 160			104 104	1 *1 1	0 hour	urs pay period ending 12/30.					CARRY-OVER		CARRY-OVER										
	υ			8 4			208	104								OPENING BALANCE				OPENING BALANCE						
CODE	AY PERIOD DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	THIS PAY		USED TO DATE	BALANCE	THIS PAY	V PERIOD	USED TO DATE	BALANCE			
2	1/1 - 1/14		Н																							
3	1/15 - 1/28		Н																							
4	1/29 - 2/11																									
5	2/12 - 2/25									Н																
6	2/26 - 3/11																									
7	3/12 - 3/25																									
8	3/26 - 4/8																									
9	4/9 - 4/22																									
10	4/23 - 5/6																									
11	5/7 - 5/20																									
12	5/21 - 6/3									Н																
13	6/4 - 6/17																									
14	6/18 - 7/1		Н																							
15	7/2 - 7/15			Н																						
16	7/16 - 7/29																									
17	7/30 - 8/12																									
18	8/13 - 8/26																									
19	8/27 - 9/9									Н																
20	9/10 - 9/23																									
21	9/24 - 10/7																									
22	10/8 - 10/21		Н																							
23	10/22 - 11/4																									
24	11/5 - 11/18						Н																			
25	11/19 - 12/2					Н																				
26	12/3 - 12/16																									
1	12/17 - 12/30									Н																
2	12/31 - 1/13		Н																							
Ш	ADDRESS (	Street, Ci	ty, State,	and ZIP	Code)			-			LEAVE C	CATEGOR	RY CODE	BL	OCK NU	IMBER		SER	VICE CO	MPUT	ATION	DATE				is above
۲ ٥																							spac	d on the	e back p cord oth	orovide er leave
EMPLOYEE	LAST NAME,	FIRST N	IAME, M	IDDLE IN	IITIAL							TE	LEPHON	E NUMBI	ER			ENTERED ON OR TRANSMITTAL DATE						remium		tegories
ш																								unatil	ay app	·y.

## CUI when filled in

This optional form is for timekeepers to use in recording daily and bi-weekly pay and leave activity. The form is a record of what SHOULD BE recorded into the official payroll system. The bi-weekly Earnings and Leave Statement, the Supervisor's Time and Attendance Report, and the Premium Pay Report as well as other management reports reflect what IS in the official payroll system. Those reports should agree with the data on this form. The untitled columns on this form may be used to maintain usage and balances for any leave and premium pay categories that may apply for an individual employee. Examples: Leave categories - Shared (Donated), Restored, Award, Family Friendly (Sick or Medical), Military, Compensatory Leave, and Credit Hours. Premium Pay hours include Environmental Differential Pay, Sunday Premium, Night Differential, as well as Overtime, and can be included.

		OTHER TYPES OF LEAVE CATEGORIES																
PAY PERIOD																		
CODE	DATES																	
2	1/1 - 1/14																	
3	1/15 - 1/28																	
4	1/29 - 2/11																	
5	2/12 - 2/25																	
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