

Morgan County Government
Exempt Employee Time Record

Employee Name _____ Pay Period
From: _____ Through: _____

Enter only leave used.

If no leave was taken, please mark "NONE" in appropriate box.

Dates							
Leave Used	Code	Week 1	Week 2	Week 3	Week 4	Week 5	Total
PTO	IP11						
Sick Time	I015						
Funeral	I022						
Other							
None							

I certify that the above time report is correct.

Employee Signature

Approved By