



DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2nd Street
Lindsay, OK 73052

Tel: (405) 756-1100 Fax: (405) 756-1104

Karen Nichols
Executive Director

Employee Name _____

Emp # _____

Pay Period Covered _____

DATE	LEAVE WITHOUT PAY	PAID LEAVE	TOTAL LEAVE HOURS	PROGRAM/GRANT CHARGED					PRG/GRANT CHARGEABLE TOTAL HOURS
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Totals									

Codes for LEAVE column: V-vacation, S-sick, H-holiday.

Vacation Sick

I certify that the above records of work and leave hours are true and correct.

Existing balances:

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Accrued this pay period (+):

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Taken this pay period (-):

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End of period balances:

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Signature of Employee

Signature of Supervisor