



# DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2<sup>nd</sup> 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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
<b>Totals</b>									

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