



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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
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:

Accrued this pay period (+):

Taken this pay period (-):

End of period balances:

Signature of Employee

Signature of Supervisor