



# 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
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
<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:


Accrued this pay period (+):

Taken this pay period (-):

End of period balances:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor