

ACCRUAL LOST TIME SHEET

Employee Name _____

Employee # _____

Date of Absence	Time Leave Building	Time Return Building	Total Time Out	T/D	Sick	Sick of (R)	Personal	LWOP (U)	Reason	Admin. Initials	Assess 4hrs /8hrs Time Lost	Y/N – Leave Card Completed

Sick – Follow Card Designations **Personal** – Reasons Other Than Sick **U** – **LWOP** – No Call/Notice of Absence – No Accrued Sick Leave – Per M-DCPS/AFSCME Agreement

CPP – Current Pay Period ***U** – No Sick Leave Accrued to cover “Sick” Absence **Sick of (R)** – Sick of Relative **T/D** – Temporary Duty