STATE OF TENNESSEE
DEPARTMENT OF HEALTH
EMPLOYEE ATTENDANCE AND LEAVE AUTHORIZATION

DEPARTMENT OF HEALTH
LABOR DISTRIBUTION

Name _____ SS# _____ Pay Period _____ # _____ Year _____ Dept/Div _____ Work Center _____

LV/OT	LV/OT Begin		LV/OT Ending		Total Hours	Hour Type	Supervisor Authorization			Reason/Comments
	Date	Time	Date	Time			Initials	Date	Yes/No	

DATE	(GNT)	(S-GNT)	PRG CODE (LOC)	ACTIVITY (SVC UNITS)	COST CENTER (INDEX)	HOURS	COST CENTER (INDEX)	HOURS	COST CENTER (INDEX)	HOURS

☐ Other than the leave or overtime periods listed above, all other time was worked as scheduled.

I certify that this record is accurate to the best of my knowledge.

Employee _____ Date

Supervisor _____ Date

Timekeeper _____ Date

	LEAVE BALANCE		
	SICK	ANNUAL	COMP.
BB-			
AC-			
ST-			
US-			
EB-			

Group Code	Ser. Ann. Date	Hire Date	FLSA

PH-3604

RDA S1505

EMPLOYEE ATTENDANCE AND LEAVE AUTHORIZATION FORM INSTRUCTIONS

The Employee Attendance and Leave Authorization Form captures leave and overtime dates and times for an entire pay period. This form can be used in conjunction with the Data Capture System Time and Attendance Timesheet (Report #AGDC105) created each pay period documenting employee hours scheduled and worked.

This form should be completed for all full-time employees whether or not leave was used or overtime was earned. The Department of Personnel documentation signed by the employee and supervisor verifying time worked, and detailing leave used and overtime earned for each pay period. Following are instructions for completing this form:

1. Complete the employee's name, social security number, department/division and work center, if applicable.
2. Indicate the pay period date, year and number for which the form is being completed.
3. The next section details information on leave taken or overtime earned and should be completed as follows:

   LV/OT - Place "LV" in the space if leave time is requested. Place "OT" in the space if overtime is requested.
   LV/OT - Begin Date/Time - Indicate the beginning date and time for which the leave or overtime is requested (See conversion table below).
   LV/OT - Ending Date/Time - Indicate the ending date and time for which the leave or overtime is requested. (See conversion table below).
   Total Hours - Indicate the total hours of leave or overtime requested for the time periods indicated.
   Hour Type - Indicate the appropriate hour type for leave requested for the time periods indicated. Overtime entries will not require an hour type. (See hour type list below).
   Supervisor Authorization - The supervisor will approve or disapprove leave or overtime requested by placing a "Y" or "N" in the first space. The supervisor will place his/her initials in the next space and date of approval or disapproval in the last space.
   Reason/Comments - Use to indicate the reason leave or overtime is requested by the employee or the reason leave or overtime is disapproved by the supervisor.
4. Check the box to indicate that all time for the pay period was worked as scheduled, other than leave and overtime periods documented on the form.
5. The employee and supervisor must sign this form. The timekeeper's signature is optional.

Conversion Table:

NOTE: If the time absent falls between the designated times shown, always go back to the previous tenth of an hour. When determining overtime hours, always go to the next higher tenth of an hour.

.1 hour = 6 minutes
.2 hour = 12 minutes
.3 hour = 18 minutes
.4 hour = 24 minutes
.5 hour = 30 minutes
.6 hour = 36 minutes
.7 hour = 42 minutes
.8 hour = 48 minutes
.9 hour = 54 minutes
1.0 hour = 60 minutes

Hour Types: (See timekeeper for additional hour types)

01 Annual Leave
02 Sick Leave
03 Compensatory Leave
04 Administrative Leave With Pay
05 Military Leave
08 Maternity Leave
09 Red Cross Leave
07 Terminal Leave
10 Separation Without Pay
11 Extended Leave Without Pay (Personnel use only)
12 Current Without Pay
23 Civil Leave - TN
24 Civil Leave - Federal
25 Civil Leave - Other States
26 FMLA - Annual
27 FMLA - Sick
28 FMLA - Without Pay
31 Terminal/Compensatory Leave

Leave&Attendance/I:/FORMS

LABOR DISTRIBUTION

PROGRAM CODES (use LOC column)

HEALTH SERVICES - HS

PD	PATIENT DELIVERY
DT	DENTAL SERVICES
MT	MEDICAID TRANSPORTATION
IM	IMMUNIZATION
TB	TUBERCULOSIS
ST	SEXUALLY TRAN. DISEASE
FP	FAMILY PLANNING
NU	NUTRITION
SF	CSFP
WI	WIC
CH	CHILD HEALTH
HH	HOME HEALTH
PS	PREVENTION AND SURV.
EH	EMLOYEE HEALTH
CS	CHILDREN SPEC. NEEDS
MH	MIGRANT HEALTH
NS	NEWBORN SCREENING
PC	PRIMARY CARE
PN	PRENATAL
FG	FOOD & GENERAL SANITATION
EN	ENVIRONMENTAL SERVICES
DE	DEPARTMENT OF ENERGY
PS	AIDS

LABORATORY SERVICES - LS

QA	QUALITY ASSURANCE
CT	CERTIFICATION
AN	ANAEROBES
AR	AEROBES
GC	GC
ET	ENTERICS
RP	STREP
EB	ENVIRON. BACTERIOLOGY
MY	MYCOBACTERIOLOGY
MC	MYCOLOGY/PARASITOLOGY
VI	VIROLOGY
MM	IMMUNOSEROLOGY
PS	AIDS
IO	INORGANIC CHEMISTRY
OC	ORGANIC CHEMISTRY
AB	AQUATIC BIOLOGY

ALCOHOL AND DRUGS

AD	ALCOHOL AND DRUGS

HEALTH ACCESS

CP	CHILDREN PLAN

SUPPORT STAFF

CO	CENTRAL OFFICE SUPPORT
RO	REGIONAL OFFICE SUPPORT
LO	LOCAL HEALTH OFFICE SUPPORT

MANPOWER AND FACILITIES

EM	EMERG. MEDICAL SERVICES
HB	HEALTH RELATED BOARDS
HF	HEALTH CARE FACILITIES

MEDICAID

MD	MEDICAID

HEALTH SYSTEM DEVELOPMENT

HA	COMMUNITY HEALTH AGENCY
CA	HEALTH ACCESS
OT	OTHER PROGRAMS

ACTIVITY CODES (use SVC Units column)

CERTIFICATION	22	LEGAL SERVICES	30	TRAINING	38
SERV. DELIVERY	23	SURVEY	31	INVESTIGATION	39
PROG. ENHANCEMENT	24	FIELD VISIT	32	COUNSELING	40
INSPECTION	25	OFFICE VISIT	33	AMIN. SUPPORT	41
FOLLOW-UP	26	PROMOTION	34	AUDIT SUPPORT	42
ENFORCEMENT	27	EDUCATION	35	PHARM. SUPPORT	43
MONITOR	28	COMPLAINTS	36	SYSTEM SUPPORT	44
TRAVEL TIME	29	MERCHANT VISIT	37	MEDICAL SUPPORT	45
				P.T.B.M.I.S.	46