

ADMINISTRATIVE OFFICE OF COURTS COURT REPORTER ATTENDANCE RECORD

NAME: _____
 DISTRICT: _____
 PHONE NUMBER: _____

MONTH/YEAR: _____

Social Security Number: _____

	TOTALS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MAJOR MEDICAL LEAVE																																

I certify these leave records to be true and correct.

(Signature of Employee)

Date signed: _____

I certify these leave records to be accurate to the best of my knowledge.

(Signature of Supervisor)

Date signed: _____

Time sheets are due to the Finance Department on or before the 5th of each month.

If these forms are not received by the due date we will stop any direct deposits and hold any checks for the month.