



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	PROGRAM/GRANT CHARGED					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