

**COUNTY COURT TIME USAGE SUMMARY REPORT**

Month \_\_\_\_\_ Year \_\_\_\_\_ District/County \_\_\_\_\_

Employee Name				
Employee ID #				
Day of Month				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

**Monthly Totals**

Vacation				
Sick				
FML/V				
FML/S				
FML/WOP				
Holiday				
Funeral				
Other				
Comp. Earned				
Comp. Used				

Prepared by: \_\_\_\_\_

The above reflects actual **hours worked** and **leave taken** for each employee.

V=Vacation, S=Sick, F=Funeral, CE=Comp Time Earned, CU=Comp Time Used M=Military, I=Injury, H=Holiday, C=Civil, A=Administrative, LOA= Leave of Absence FML/S=Family Medical Leave Sick, FML/V=Family Medical Leave Vacation, FML/WOP=Family Medical Leave Without Pay