

TIME AND LEAVE REPORT

Oglala Lakota College
PO Box 490
Kyle, SD 57752

Name: _____ Dept: _____

Account #: _____ Percent: 100% _____

Pay Period Begin: _____ End: _____ Date Paid: _____

PP#	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Hours This Pay Period _____

	Consulting	Personal	Annual	Sick	Comp	LWOP
Balance Forward						
Accrual This Pay Period						
Total						
Total Taken						
Balance						

Certified Correct _____
Employee Signature

Supervisor