HARRIS COUNTY PSYCHIATRIC CENTER
TIME & ATTENDANCE REQUEST

Employee Name _____ Employee ID # _____ Date _____

Department/Unit _____ Extension _____

SECTION 1: TIME CLOCK ISSUES

☐ MISSED PUNCH Date: _____ In:_____ Out:_____ Reason: (Excused or Unexcused)_____

☐ REGULAR ASSIGNED DAILY SCHEDULE: IN: _____ OUT:_____ EFFECTIVE DATE: _____

☐ TEMPORARY SCHEDULE CHANGE DATE/S:_____ New Times: In:_____ Out:_____

☐ EXCUSED TARDY ON: _____ EXCUSED EARLY OUT ON: _____

SECTION 2: LEAVE TIME

Dates/s: _____

LIST NUMBER OF HOURS BY CATEGORY:

_____ Vacation - Is Vacation time used toward FMLA? Yes / No Scheduled / Unscheduled

_____ Sick: ☐ Self Type of Illness:_____

☐ Family ☐ Workers Comp – Is benefit used towards FMLA? Yes / No

_____ Funeral Leave: Date of Funeral: _____ Relationship _____

_____ Other: ☐ Holiday ☐ Preventive Health Time ☐ Service Day

☐ Jury ☐ Military Leave ☐ LWOP

NOTE: If employee is on LWOP status for more than 80 hours they must be terminated or place on LOA (PA required).

☐ PLEASE CHECK HERE IF THIS IS DEFINED AS AN UNEXCUSED ABSENCE.

Non-nursing – signature of staff assuming responsibility: _____

OTHER LEAVE TIME TO BE PAID: _____ Comp. Time _____ Administrative Leave (must be approved by Administration)

SECTION 3: ADVANCE OVERTIME REQUEST – NON-NURSING

Date/s:_____ Hours:_____ Reason: _____

Date/s:_____ Hours:_____ Reason: _____

SECTION 4: SIGNATURES – Overtime requires departmental manager's approval in advance.

Departmental Manager's Approval _____ Date:_____

_____ _____

Employee's Signature Supervisor's Signature

☐ Approved ☐ Disapproved – Reason: _____

Personnel Systems Management Use Only

Prcessed By: _____ Comments: _____