

**Rio Arriba County
Exempt Employee Report**



Name: _____

Department: _____

To ensure accurate accounting for annual leave, sick leave, and other employee benefits, record any absences during this period. If you were not absent any time during this pay period, indicate "NONE". After completing and signing the form, forward to your supervisor for processing.

Indicate whether the absence(s) should be deducted from Annual leave, Sick leave, or Other. If other please describe.

Month:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Annual Leave															
Sick Leave															
Other															
Describe															

Reported leave must be accompanied by a Request for Leave Form

My signature below certifies that I personally have completed this Exempt Employee Report and that it is an accurate accounting of my absence(s) during the pay period indicated.

Employee Signature

Date

My signature below certifies that to the best of my knowledge this employee worked the above stated pay period and this is an accurate record of absence taken.

Supervisor Signature

Date