PAID TIME OFF (PTO) ATTENDANCE RECORD
INDIANA UNIVERSITY NORTHWEST

PLEASE PROVIDE TO YOUR SUPERVISOR FOR APPROVAL SO THE FORM CAN BE SUBMITTED TO PAYROLL BY THE **5th** OF EACH MONTH. ***NOTE: COMPLETE THE RECORD FOR THE ENTIRE MONTH.***

PAYROLL PERIOD FROM:_____, 20_____ **TO:_____, 20_____**

ACCOUNT NO._____ **DEPARTMENT _____**

NAME	*DATE ABSENT*	*PTO HOURS USED*	*HOLIDAY*	*SICK HOURS USED*	*HONORARY HOURS USED*	*OTHER**

NOTE: Use this space to make adjustments to the prior month's attendance record

*I - Injury A - Absent without Pay M - Military Duty CD - Court Duty HV - Honorary Vacation CPT - Comp Time Taken

Employee Signature: _____ Approved: _____
Supervisor