Orange County Pay Period Affidavit

Department: ____ ______________ **to** 1/12/1900

Employee #: ____________________ **Employee Name:** ____

Date	Vacation	Sick Leave	FMLA (S/V/L)	Parental	Catastrophic	Bereavement	Court/Jury/Witness	Military	Other
12/30/1899									
12/31/1899									
1/1/1900									
1/2/1900									
1/3/1900									
1/4/1900									
1/5/1900									
1/6/1900									
1/7/1900									
1/8/1900									
1/9/1900									
1/10/1900									
1/11/1900									
1/12/1900									
Totals	0	0	0	0	0	0	0	0	0

Employee Certification:

I certify that I have read the foregoing application/affidavit and I have requested the time off as indicated, for the reasons shown, in full conformance with all Orange County policies and procedures governing the same. I understand that any intent to misrepresent the information in the application/affidavit could result in disciplinary action and/or termination. I further state that I am entitled to all time herein claimed and I further understand that any deficiencies in all time herein claimed will result in the withholding of same time from any future compensation to which I may be entitled.

Employee Signature:____

Official/Department Head Approval/Disapproval:

_______ ***I have read the foregoing application/affidavit and have granted the time off, as requested, in conformity with all Orange county policies and procedures governing the same.***

_______ ***I have read the foregoing application/affidavit and have not granted the time off as requested, for the following reason(s):***

____

____

Therfeore, employee is to be docked_______hours.

OFFICIAL / DEPT. HEAD SIGNATURE:____

NOTE: A physician's certification or note shall be required for any sick leave absence exceeding three (3) days at one time.