

# PTO & SICK LEAVE PAYROLL RECONCILIATION

Employee Name

Employee ID

Department

Pay Period

Leave Type	Beginning Balance (Hours)	Accrued This Period	Used This Period	Ending Balance
Vacation / PTO				
Sick Leave				

Date	Type of Leave	Hours Requested	Reason / Comments	Approved (Y/N)
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**Total Leave Hours Used:**

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Employee Signature

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Date

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Supervisor Signature

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Date

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Payroll Department Signature

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Date

