

# People's Place

## Exempt Employee Payroll Document

**Employee #** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_  
(PRINT PLEASE)

**Pay Period:** \_\_\_\_\_

**Paid leave used:      date(s)**

Vacation		
Other – Specify		
Holiday		
Sick		
Total Hours		

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

**Family Medical leave used:    date(s)**

*Family Medical Leave		
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\*Record FMLA hours if paid leave is used or if you have been approved for LWOP for a qualifying medical condition. Family Medical Leave/Military Leave (FML) – you may be entitled up to 12 weeks of job protected family medical leave or up to 26 weeks of job protected military family leave. You are entitled to FML leave if you have been employed for 12 months and have worked at least 1,250 hours over the previous 12 months. Reference the Leave Policy #110 Exhibit B for qualify reasons. To request FML please follow the procedures outlined in Exhibit C and complete the FML Request Form, Exhibit D of Policy #110. For additional information contact Human Resources 422-8033.