

Vacation/Sick Record

Cavalier County, North Dakota
 901 3rd Street
 Langdon, ND 58249

Name: _____

Year: _____

		DAY OF MONTH																														TOTALS								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Vac	Sick						
JAN	Vac.																																							
	Sick																																							
FEB	Vac.																																							
	Sick																																							
MAR	Vac.																																							
	Sick																																							
APR	Vac.																																							
	Sick																																							
MAY	Vac.																																							
	Sick																																							
JUN	Vac.																																							
	Sick																																							
JUL	Vac.																																							
	Sick																																							
AUG	Vac.																																							
	Sick																																							
SEPT	Vac.																																							
	Sick																																							
OCT	Vac.																																							
	Sick																																							
NOV	Vac.																																							
	Sick																																							
DEC	Vac.																																							
	Sick																																							
		All vacation/sick leave used should be reported in <u>HOURS</u> .																														YEARLY TOTALS:								

Signature*

Date

Department Approval

*Keep original until end of year. Sign and date a photocopy each month and submit to Auditor's Office no later than the 20th of the month.