Term Date: _____

Last day of work: _____

Pay Period End Date: _____

Positive / Exception Paid: **Positive   Exception**

Shift worker: **Yes   No**

Reason: _____

_____

_____

AGENCY'S PAYROLL/PERSONNEL APPROVAL	
By: _____	Date:_____
By: _____	Date:_____
AGENCY'S DIRECTOR APPROVAL	
By: _____	Date:_____