



Torrance County

Time Clock Transaction & Leave Authorization Form

Employee Name: _____ Emp. # _____
 Department: _____
 Pay Period Dates: From: _____ To: _____

Date	Clock Transaction		No Clock Reason Code	Leave		Comp./OT			Commuted In County Vehicle	
	Time In	Time Out		Leave Hours	Leave Type	Comp. Gained	OT Pay	Description	To Work	From Work
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N
									Y N	Y N

Employee's Signature: _____
 Supervisor's Signature: _____
 County Manager's Signature: _____ (Required for approval of LWOP only)

Leave Codes	
AL	Annual Leave
SL	Sick Leave
CL	Comp. Leave
PD	Personal Day
FL	Funeral Leave (Include relationship)

No Clock Reason Codes	
NCIT	No clock in time
NCOT	No clock out time
FB	Forgot badge
LB	Lost badge
OUTTR	Out of building for training

Vehicle Fringe:	
# of commutes	_____
x \$1.50 =	_____

WC	Worker's Comp.
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OUTCB	Out of building on County
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