



### SALARIED EXEMPT PERSONNEL ACTIVITY REPORT

Employee: \_\_\_\_\_ ID # \_\_\_\_\_

Pay Period: \_\_\_\_\_ to \_\_\_\_\_

Position/Location: \_\_\_\_\_

Allocation of Time: \_\_\_\_\_ % Head Start \_\_\_\_\_ % Early Head Start

Date	WORK CODES							Leave Code
	Administration	Nutrition	Education	Health/Disabilities	Family Service	MIS	Other	
Sun								
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								

**Leave Codes:**

- H - Holiday
- S - Sick Leave
- V - Vacation
- O - Other

Supervisor Comments:

Employee Signature and Date \_\_\_\_\_

Supervisor Signature and Date \_\_\_\_\_