

**CITY OF WISCONSIN RAPIDS  
PAYROLL ACTION**

Name \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

**PLEASE FILL OUT BOTH SIDES A AND B.**

<p><b>A Type of Action (in hours):</b></p> <p>_____ Sick          _____ Medical          _____ Dental          _____ Worker's Compensation          _____ Vacation          _____ Personal Time          _____ Holiday/Floating Holiday          _____ Late          _____ Suspension          _____ Leaves such as: military, funeral, jury duty          _____ Other</p> <p>Comments: _____          _____          _____          _____</p>	<p><b>B Check any that apply:</b></p> <p>Check if Type of Action is: _____ Paid _____ Unpaid</p> <p>Check if Family Medical Leave also applies to Type of Action:</p> <p>_____ FML for Self          _____ FML for Medical Appointment (Self)          _____ FML for Family Member</p> <p>Comments: _____          _____          _____</p>
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**OVERTIME/COMPENSATORY TIME**

					<u>Used</u>	or	<u>Earned</u>
Date(s) _____	Time(s) _____	a.m./p.m. to _____	a.m./p.m.	_____	_____		_____
Date(s) _____	Time(s) _____	a.m./p.m. to _____	a.m./p.m.	_____	_____		_____
Date(s) _____	Time(s) _____	a.m./p.m. to _____	a.m./p.m.	_____	_____		_____
Date(s) _____	Time(s) _____	a.m./p.m. to _____	a.m./p.m.	_____	_____		_____
Date(s) _____	Time(s) _____	a.m./p.m. to _____	a.m./p.m.	_____	_____		_____

Other (Briefly explain activity): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hours Worked at Straight Time: \_\_\_\_\_ = Total Hours: \_\_\_\_\_  
 Hours Worked at Overtime (1 1/2): \_\_\_\_\_ = Total Hours: \_\_\_\_\_  
 Hours Worked at Double-time (2): \_\_\_\_\_ = Total Hours: \_\_\_\_\_  
 Compensatory Time Used: \_\_\_\_\_ Hours  
 Compensatory Time to Be Paid: \_\_\_\_\_ Hours  
 Compensatory Time to Be Banked: \_\_\_\_\_ Hours

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FORWARD TO PAYROLL (WITH TIMESHEET)**