



## SUPERIOR COURTS OF GEORGIA LEAVE DISTRIBUTION FORM

Employee's Name: \_\_\_\_\_ Circuit: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Employee Tele# \_\_\_\_\_  
(Not Social Security #) (Work number)

Leave types: AL = Annual Leave; SL = Sick Leave; PL = Personal Leave (per conversion)  
Compensatory Time = CT (as earned and previously authorized by judge)

(Enter number of hours and type of leave on the line in the appropriate date box.)

MONTH/YEAR _____ Example:						1 <sup>st</sup> 8hrs AL
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>
15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>
22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>
29 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>				

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Employee)

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
Supervising Judge ORIGINAL SIGNATURE required

***NOTE:** By signing this form you are certifying that the leave shown is accurate, and no time off was taken by this employee during this month that has not been documented on this form. Employees who submit inaccurate forms are subject to disciplinary action, including termination. Judges are responsible for ensuring the accuracy of the form prior to signing. All employees are required to work at least 40 hours per week (counting holidays) or take leave for the remainder. Leave of any type (sick, annual, personal, or comp time) must be approved in advance by the judge. Employees may not sign the leave form on behalf of the judge.*

**The leave form is due by the 15<sup>th</sup> of the following month.** If the form is not received by the deadline, leave will be forfeited. (See CSCJ Rules and Policies for State Paid Superior Court Personnel). You must return the form by the 3<sup>rd</sup> to have your leave balances appear correctly in your payroll records.

Please retain a copy for your records  
and fax original to:

Payroll Office--Superior Courts of Georgia  
Fax: 404-651-8626