

**COUNTY OF HIDALGO
SUMMARY OF VACATION, SICK LEAVE, AND HOLIDAY**

NAME: _____
 EMPLOYEE NO: 121436
 EMPLOYMENT DATE: _____

FOR YEAR ENDING: _____
 SOCIAL SECURITY#: _____
 LOCATION: 280

A. ENDING PAY PERIOD	ANNUAL LEAVE			SICK LEAVE			HOLIDAY LEAVE			COMPENSATORY LEAVE										
	B. BALANCE FORWARD:	140	F. BALANCE FORWARD:	360	J. BALANCE FORWARD:	100	N. BALANCE FORWARD:	5.5	C. EARNED	D. USED	E. BAL	G. EARNED	H. USED	I. BAL	K. EARNED	L. USED	M. BAL	O. EARNED	P. USED	Q. BAL
01/08/17			140			360	10		114	1.5										7
01/22/17			140		10	350	10		124	2										9
JAN.	10		150	8		358			124											9
02/05/17			150			358			124											9
02/19/17			150			358			124											9
FEB.	10		160	8		366			124											9
03/05/17			160			366	10		134											9
03/19/17			160			366		80	54											9
MAR.	10		170	8		374			54											9
04/02/17			170			374			54											9
04/16/17			170			374	10		64											9
04/30/17			180			374			64											9
APR.	10		180	8		382			64											9
05/14/17			180			382			64											9
05/28/17			190		20	362			64											9
MAY	10		190	8		370			64											9
06/11/17			190			370	10		74											9
06/25/17			190			370			74											9
JUNE	10		200	8		378			74											9
07/09/17			200			378		30	44											9
07/23/17			200			378			44											9
JULY	10		210	8		386			44											9
08/06/17			210			386			44											9
08/20/17			210			386			44											9
AUG.			210			386			44											9
09/03/17			210			386			44											9
09/17/17			210			386			44											9
SEPT.			210			386			44											9
10/01/17			210			386			44											9
10/15/17			210			386			44											9
10/29/17			210			386			44											9
OCT.			210			386			44											9
11/12/17			210			386			44											9
11/26/17			210			386			44											9
NOV.			210			386			44											9
12/10/17			210			386			44											9
12/24/17			210			386			44											9
12/31/17			210			386			44											9
DEC.			210			386			44											9

REMINDER: VACATION AND SICK LEAVE HOURS ARE EARNED AT THE END OF THE MONTH. AT CALENDAR YEAR END, VACATION LEAVE EXCEEDING THE MAXIMUM BASED ON TENURE, WILL BE LOST (PLEASE SEE BELOW).

ANNUAL LEAVE ACCRUAL			
TYPE OF EMPLOYEE	YEARS EMPLOYED	HOURS ACCRUED	MAXIMUM CARRY-OVER
FULL-TIME	0 - 5	8	160
FULL-TIME	5 - 10	9	160
FULL-TIME	10 +	10	240
FULL-TIME	15 +	10	320
PART-TIME	N/A	BASED ON HOURS WORKED x .04615	160,240,320
TEMPORARY	N/A	N/A	N/A

SICK LEAVE IS NOT TO EXCEED 360 HOURS REGARDLESS OF THE TENURE.

SICK LEAVE ACCRUAL			
TYPE OF EMPLOYEE	YEARS EMPLOYED	HOURS ACCRUED	MAXIMUM CARRY-OVER
FULL-TIME	N/A	8	360
PART-TIME	N/A	4	360

COMPENSATORY LEAVE
 THE MAXIMUM AMOUNT OF COMPENSATORY LEAVE AN EMPLOYEE MAY ACCRUE IS 240 HOURS IF THE EMPLOYEE HAS A SEVEN (7) DAY WORK PERIOD (NON-LAW ENFORCEMENT) AND 480 HOURS IF EMPLOYEE HAS A FOURTEEN (14) DAY WORK PERIOD (LAW ENFORCEMENT) AS STATED IN RULE 7.52 OF TH