



## Legislative Leave Pay Information

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

Meeting Type

Pay Amount

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Please list all meeting types and the associated pay information above.

I certify that the above pay information is accurate for the fiscal year July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_.

If the rates should change before the end of the period noted above, I understand that I need to update this information with the payroll department. I understand that the payroll department may choose to confirm this information with the legislative body. I acknowledge that I am aware that the pay amount that is listed above will be subtracted from my daily rate for the days that I am authorized to take legislative leave.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date