

MONTHLY

SCHEDULE REPORT

TRIAL COURT ADMINISTRATOR

PLEASE SUBMIT THIS FORM TO THE AOC BY NOON ON THE 1ST THURSDAY OF EACH MONTH.

NAME OF TRIAL COURT ADMINISTRATOR _____

JUDICIAL DISTRICT _____

CIRCUIT JUDGE _____

MONTH _____

YEAR _____

I hereby certify, that my Official Trial Court Administrator is scheduled to work full-time during the specified payroll period, except for any absence(s) due to annual or sick leave as indicated below.

MONTH	DAY	ANNUAL	SICK	OTHER
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

MONTH	DAY	ANNUAL	SICK	OTHER
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			

MONTH	DAY	ANNUAL	SICK	OTHER
	21			
	22			
	23			
	24			
	25			
	26			
	27			
	28			
	29			
	30			
	31			

OTHER TYPES OF LEAVE
Refer to the Trial Court Employee Guide Pages 2, 7-10

CERTIFICATION

I certify that the reported information is correct:

FAX COMPLETED FORM TO:
501-682-9412
OR
501-682-9413

Employee Signature _____

Date _____

dani.stewart@arcourts.gov
jeanlie.stobaugh@arcourts.gov

Approve: _____

Circuit Judge Signature _____

Date _____