

# MONTHLY SCHEDULE REPORT

# OFFICIAL COURT REPORTER

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

NAME OF OFFICIAL COURT REPORTER \_\_\_\_\_

JUDICIAL DISTRICT \_\_\_\_\_

CIRCUIT JUDGE \_\_\_\_\_

MONTH \_\_\_\_\_

YEAR \_\_\_\_\_

I hereby certify, pursuant to the Supreme Court Administrative Order Number 9, that my Official Court Reporter 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  |        |      |       |

**FAIR LABOR STANDARDS ACT (FLSA)**

Court reporters earn compensatory time at the rate of one and one-half the number of FLSA hours worked in the excess of 40 hours. Holidays and other time off are not counted in the 40 hours FLSA work week.

Hours worked for FLSA purposes are those in which the court reporter performs official work for the court or hours in which the judge requires the court reporter's attendance at the work place. Any hours worked in transcript preparation that are not required by the judge or the court are not considered FLSA hours and should not be counted as hours worked for FLSA purposes.

To ensure compliance with the FLSA, completes this record and the record must be signed by the court reporter and the presiding judge. It is required that these records be maintained by the presiding judge and forwarded to the Administrative Office of the Courts.

**CERTIFICATION**

I certify that the reported information is correct.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approver \_\_\_\_\_

Circuit Judge's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

PLEASE FAX FORMS TO:  
501-682-9412 OR 501-682-9413

# END OF THE MONTH CONFIRMATION REPORT

# OFFICIAL COURT REPORTER

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

NAME OF OFFICIAL COURT REPORTER \_\_\_\_\_

JUDICIAL DISTRICT \_\_\_\_\_

CIRCUIT JUDGE \_\_\_\_\_

MONTH \_\_\_\_\_

YEAR \_\_\_\_\_

I hereby certify, pursuant to the Supreme Court Administrative Order Number 9, that my Official Court Reporter worked full-time during the specified payroll period, except for any absences 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  |        |      |       |

| COMPENSATORY TIME |       |
|-------------------|-------|
| PRIOR BALANCE     | HOURS |
| COMP TIME EARNED  | HOURS |
| COMP TIME USED    | HOURS |
| COMP TIME BALANCE | HOURS |

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

### FAIR LABOR STANDARDS ACT (FLSA)

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To ensure compliance with the FLSA, complete this record and the record must be signed by the court reporter and the presiding judge. It is required that these records be maintained by the presiding judge and forwarded to the Administrative Officer of the Courts.

### CERTIFICATION

I certify that the reported information is correct:

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Approve: \_\_\_\_\_

Circuit Judge Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE FAX FORMS TO:

501-682-9412 OR 501-682-9413