

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

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

CERTIFICATION

I certify that the reported information is correct:

Employee Signature _____

Date _____

Approve: _____

Circuit Judge Signature _____

Date _____

END OF THE MONTH CONFIRMATION 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 worked 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

FAX TO: 501-682-9412

OR

501-682-9413

CERTIFICATION

I certify that the reported information is correct:

Employee Signature _____

Date _____

Approve: _____

Circuit Judge Signature _____

Date _____