

# 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

**CERTIFICATION**  
I certify that the reported information is correct:

**FAX COMPLETED FORMS TO:**  
501-682-9412  
OR  
501-682-9413

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

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_

pam.stewart@arcourt.gov  
jeanle.stobaugh@arcourts.gov