

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Ashton Ballinger DATE 12-13-23

TIME WANTED _____
DAYS HOURS MIN.

1 (3:00-4:00)

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature] [Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Ashton Ballinger DATE 12-27-23

TIME WANTED _____
DAYS HOURS MIN.

3 (1:00-4:00)

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature] [Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Ashton Ballinger DATE 12-27-23


TIME WANTED 1 (12-28-23)
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED _____

APPROVED DISAPPROVED



PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Jennifer Beeson DATE 12/14/23

TIME WANTED _____
DAYS _____ HOURS _____ MIN. 15-345-40

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

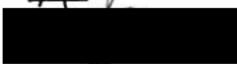

NAME Jennifer Beeson DATE 12-11-23

TIME WANTED _____
DAYS _____ HOURS 2 MIN. 2-4pm

TIME EARNED _____
DAYS _____ HOURS 11 MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT
10 2H 30

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

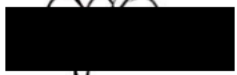
NAME Jennifer Beesm DATE 12/11/23


TIME WANTED 2 DAYS 12/20 + 4 HOURS 12/27 MIN.

TIME EARNED _____ DAYS _____ HOURS _____ MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED




PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME


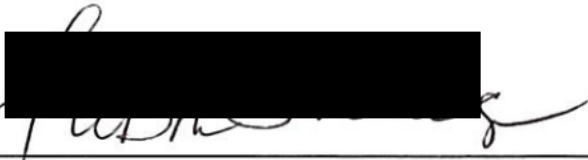
NAME Staci Christer DATE 12/1/23

TIME WANTED 1 (8-4)
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT *No pay.*

Sick day - no pay
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

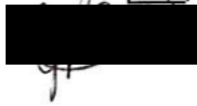
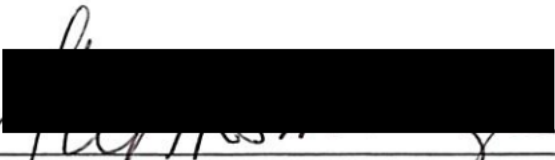
NAME Staci Christer DATE 12/19/2023

TIME WANTED 3 (1-4)
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

No pay
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Staci Christen DATE 12/24/13

TIME WANTED 1 (8-4)
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

No pay
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Signature] [Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Staci Christen DATE 12/24/13

TIME WANTED _____
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

No pay
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Signature] [Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Stacy Christian DATE 12/19/13

TIME WANTED 1 (8-4)
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

No pay
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Signature]

[Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark DATE 12-1-23

TIME WANTED 1 3:00-4:00
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME


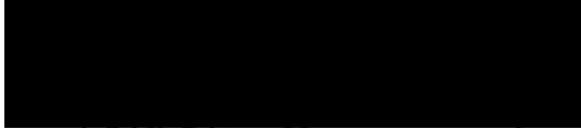
NAME Melanie Clark DATE 12-5-23

TIME WANTED 1 3:00-4:00
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark

DATE 12-6-23

TIME WANTED _____ 40 8:00-8:40
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark

DATE 12-6-23

TIME WANTED 1 12-8-23
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark

DATE 12-12-23

TIME WANTED _____
DAYS _____ HOURS _____ MIN. 40

8:00-8:40

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark

DATE 12-15-23

TIME WANTED _____
DAYS _____ HOURS 4 MIN. 30

10:30-12:00

1:00-4:00

12-14-23

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark DATE 12-18-23

TIME WANTED 2 2:00-4:00
12-15-23
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Melanie Clark DATE 12-20-23

TIME WANTED 1 12-22-23
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME


NAME Melanie Clark DATE 12-11-23


TIME WANTED 1 12-29-23
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED



PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Taylor Clark DATE 12-4-23

TIME WANTED 1 8-4
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Taylor Clark DATE 12-8-23


TIME WANTED _____ 15 8:00-8:15
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Taylor Clark DATE 12-14-23

TIME WANTED _____
DAYS HOURS MIN.

1-4 PM

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Taylor Clark DATE 12-15-23

TIME WANTED _____
DAYS HOURS MIN.

3:35-4:00

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Taylor Clark DATE 12-22-23
TIME WANTED _____ 8:00-8:40
_____ 2 _____ 2:40-4:00
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY ^{5"} PERSONAL SICK MERIT ^{1'55"}

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Taylor Clark DATE 12-27-23 - 12-29-23
TIME WANTED _____
_____ 3 _____
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Robin Freshner DATE 12/1/23

TIME WANTED _____
DAYS _____ HOURS 1hr MIN. 30min 1-2:30pm

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Robin Freshner DATE 12/4/23

TIME WANTED _____
DAYS _____ HOURS _____ MIN. 10min 8-8:10

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

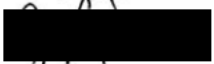
NAME Robin Flechner DATE 12/7/23

TIME WANTED _____
DAYS HOURS MIN. 30 min 8-8:30

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED



PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

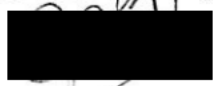
NAME Robbi Flechner DATE 12/15/23


TIME WANTED _____
DAYS HOURS MIN. 5hr

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED



PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME


NAME Robbi Fleshner DATE 12/19/23

TIME WANTED 1 DAYS 0 HOURS 0 MIN.

TIME EARNED 0 DAYS 0 HOURS 0 MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED



PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

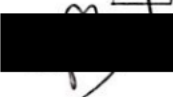
NAME Robbi Fleshner DATE 12/20/23


TIME WANTED 0 DAYS 4hr HOURS 8-12pm MIN.

TIME EARNED 0 DAYS 0 HOURS 0 MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED



PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Robbi Flehner

DATE 12/22/23

TIME WANTED _____
DAYS _____ HOURS _____ MIN. 30min 1-1:30

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED

[Redacted Signature]

[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Christina Hewing DATE 12-1-23

TIME WANTED _____
DAYS _____ HOURS 1 hr. MIN. 30 min

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED Off: Friday, December 1, 2023 2:30 pm - 4:00 pm (Court House - Union) (Use 1 hr. 30 min Merit)

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Christina Hewing DATE 12-14-23

TIME WANTED _____
DAYS _____ HOURS 1 hr. MIN. _____

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED Thursday, December 14, 2023 Off: 3:00 - 4:00 (Use 1 hr. Merit) Aladdin @ Fox Theater

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Christina Hewing DATE 12-18-23

TIME WANTED 1 Day
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

OFF: Monday, December 18, 2023 Use 1 Merit Day - Brianna College Visit - Misscan
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Christina Hewing DATE 12-22-23

TIME WANTED 1 Day
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

OFF: Friday, December 22, 2023 (Use 1 Merit Day)
EXPLANATION OF COMPENSATORY TIME WORKED Christmas preparation

APPROVED DISAPPROVED
[Redacted Signature]
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME


NAME Christina Hewing DATE 12-27-23

TIME WANTED 1 Day
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

OFF: Wednesday, December 27, 2023 (Use 1 Merit Day)
EXPLANATION OF COMPENSATORY TIME WORKED Post-Christmas Cleaning

APPROVED DISAPPROVED 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME


NAME Christina Hewing DATE 12-29-23

TIME WANTED _____ 4 hrs. _____
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

OFF: Friday, December 29, 2023 8:00-12:00 (Use 4 hrs. Merit)
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Jeff DATE 9-7-23


TIME WANTED 13
DAYS HOURS MIN.

TIME EARNED _____
DAYS HOURS MIN.

VACATION COMPENSATORY PERSONAL SICK MERIT

December 1, 7, 8, 14, 15, 18, 19, 20, 21, 22, 27, 28, 29
EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED


PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Hannan Hubner DATE 12-18-23

TIME WANTED _____
DAYS _____ HOURS 8am-12 (4hr) MIN. _____

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR

SHELBY COUNTY HEALTH DEPARTMENT
COMPENSATORY - VACATION TIME

NAME Hannan Hubner DATE 12/21/23

TIME WANTED _____
DAYS _____ HOURS 8-4 (7hr) MIN. _____

TIME EARNED _____
DAYS _____ HOURS _____ MIN. _____

VACATION COMPENSATORY PERSONAL SICK MERIT

EXPLANATION OF COMPENSATORY TIME WORKED

APPROVED DISAPPROVED
 
PUBLIC HEALTH ADMINISTRATOR