UNITED STATES DEPARTMENT OF AGRICULTURE AUDIT FOR LEAVE YEAR 1997	COMPLETE CONTACT POINT 11-01-xx-xxxx	SOCIAL SECURITY NUMBER - -
NAME	SERVICE COMPDATE	EOD / SEPARATION DATE (mm/dd/yyy)

PP	ANNUAL LEAVE				SICK LEAVE				CREDIT HOURS				FSLA		COMP		REST.		LWOP	
	PRIOR BAL	ACC	USED	BAL	PRIOR BAL	ACC	USED	BAL	PRIOR BAL	ACC	USED	BAL	USED	TOT.	ACC/ USED	BAL	ACC/ USED	BA L	USED	BA L
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REMARKS:

CERTIFIED CORRECT (SIGNATURE) DATE (mm/dd/yyyy)

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