



**RETIRED CLERK MONTHLY
 TIME VOUCHER**

COMPLETED BY RETIRED CLERK:

Retired Clerk Name: _____
 Assignment Order #: _____
 Assignment Location: _____
 Authorized Assignment Period:
 _____ to _____
 Maximum Authorized Days (if applicable): _____

INSTRUCTIONS: Record each day worked during the reporting month in Section 1. A "Full Day" means a calendar day with more than 4 hours of work. A "Half Day" means 4 or less hours worked. Certify this form by completing and signing Section 2. Submit to accounting@kycourts.net within 60 days of the first day of the reporting month, along with the AOC-ACCT-36 *Retired Clerk Monthly Voucher Cover Sheet* and, if applicable for the reporting month, an AOC-T *Travel Voucher*.

SECTION 1: RECORD OF TIME WORKED

Reporting Month: _____ Year: _____

DATE WORKED	DATE WORKED	DATE WORKED
<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day
<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day
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Total Full Days: _____ Total Half Days: _____ Remaining Authorized Days (if applicable): _____

SECTION 2: CERTIFICATION

I, _____, certify the time reported above is within the assignment
 Retired Clerk Name
 period authorized by the Assignment Order and does not exceed the maximum number of authorized days.

 Retired Clerk Signature

 Date