FORM AD-334
USDA
(REV. 12/15)

SOCIAL SECURITY NO.	PAY PERIOD DATE MO DA YR MO DA YR	P/P	T&A CONTACT POINT	ACCT. STAT.	ORGANIZATIONAL STRUCTURE	PERSNL OFFICE	PAY PLAN	GR.	STEP

SALARY	RATE	TYPE EMPL.	SCD FOR LEAVE	RET. DEDUCTIONS THIS APPOINTMENT

STATEMENT OF EARNINGS AND LEAVE

EARNINGS AND DEDUCTIONS

ITEM		HOURS			AMOUNT		
CODE	DESCRIPTION		P/P	YR. TO DATE		P/P	YR TO DATE

YEAR TO DATE LEAVE STATUS

TYPE	ACCRUED	USED	BALANCE
CREDIT HOURS			
RELIGIOUS COMP			
TRAVEL COMPENSATORY			
MILITARY			
TIME OFF AWARD			
BPAPRA COMPENSATORY			
BPAPRA OBLIGATED DEBT			

TYPE	1ST YEAR	2ND YEAR	3RD YEAR	BALANCE
REST. ANN. LEAVE HRS.				

NAME AND ADDRESS

YEAR TO DATE LEAVE STATUS

TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSE	PT. HRS UNAPP	MAX. C/O
ANN						
SICK						LEAVE CATEG
COMP						

REMARKS