

THE GRADUATE SCHOOL AND UNIVERSITY CENTER
HUMAN RESOURCES OFFICE

TIME AND LEAVE RECORD
FULL TIME NON-INSTRUCTIONAL EMPLOYEES

NAME _____ MONTH _____ Year _____
TITLE _____ DEPARTMENT _____

Make All Entries In Ink

Day	Date	Actual Hours Worked			Total Hours Worked			Sick Leave Used			Annual Leave Used			Comments	Employee's Initials
		In	Out	Lateness	D	H	M	D	H	M	D	H	M		
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
SUN															
MON															
TUE															
WED															
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SAT															
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
Monthly Totals															

Leave Record

Summary Schedule	Sick Leave			Annual Leave		
	D	H	M	D	H	M
Last Month's Balance						
Earned This Month						
Total						
Used This Month						
Balance						

Unscheduled Holidays
(Post Dates Taken)

- U1. _____
- U2. _____
- U3. _____
- U4. _____
- U5. _____
- U6. _____

S = Sat. & Sun.
H = Holiday, Office Closed
Ex. = Excused Absence
U = Unscheduled Holiday

D = Day
H = Hours
M = Minutes

THE ORIGINAL OF THIS COMPLETED TIME AND LEAVE RECORD IS REQUIRED IN THE HUMAN RESOURCES OFFICE BY THE THIRD WORKING DAY OF THE FOLLOWING MONTH

I certify that all of the above entries are true and accurate. I fully understand that any falsification of time subjects me to disciplinary action.

I have reviewed this Time and Leave Record. My signature below verifies that it is accurate to the best of my knowledge.

Employee Signature

Authorized Supervisor Signature