

THE GRADUATE SCHOOL AND UNIVERSITY CENTER
HUMAN RESOURCES OFFICE

TIME AND LEAVE RECORD
FULL-TIME NON-INSTRUCTIONAL EMPLOYEES

NAME _____ MONTH _____
TITLE _____ DEPARTMENT _____

Make All Entries in Ink

Day	Date	Actual Hours Worked			Total Hours Worked			Sick Leave Used			Annual Leave Used			Comments	Employee Initials
		In	Out	Leaveless	D	H	M	D	H	M	D	H	M		
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
SUN															
MON															
TUE															
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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 _____

- B - 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'S SIGNATURE _____

AUTHORIZED SUPERVISOR'S SIGNATURE _____