

Time and Leave Record

Full-Time Non-Teaching Instructional Staff Employees

Month _____ Year _____ Department _____

Name _____

| Day of Month | Regular Time Worked: Include Sat. & Sun. | | | Sick Leave Taken | | | Annual Leave Taken | | |
|--------------|---|-------|---------|------------------|-------|---------|--------------------|-------|---------|
| | Days | Hours | Minutes | Days | Hours | Minutes | Days | Hours | Minutes |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |
| 25 | | | | | | | | | |
| 26 | | | | | | | | | |
| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| Total | | | | | | | | | |

Annual Leave

Earned Leave Per Month

Days Hours Minutes

A Accumulated Leave Brought Forward

Days _____ Hours _____ Minutes _____

B Earned Leave Current Month

Days _____ Hours _____ Minutes _____

C **Subtotal (A plus B)**

Days _____ Hours _____ Minutes _____

D Leave Taken Current Month

Days _____ Hours _____ Minutes _____

E **Total Accumulated Leave (C minus D)**

Days _____ Hours _____ Minutes _____

Sick Leave

F Accumulated Sick Leave Brought Forward

Days _____ Hours _____ Minutes _____

G Sick Leave Credit Current Month

Days _____ Hours _____ Minutes _____

H **Subtotal (F plus G)**

Days _____ Hours _____ Minutes _____

I Sick Leave Taken Current Month

Days _____ Hours _____ Minutes _____

J **Total Accumulated Sick Leave (H minus I)**

Days _____ Hours _____ Minutes _____

Unscheduled Holidays (U) Indicate Date Taken:

U #1 _____

U #4 _____

U #2 _____

U #5 _____

U #3 _____

U #6 _____

To the best of my knowledge this report is accurate.

Staff Member _____

Signature _____

Head of Office (Report Checked by) _____

Signature _____