

SOUTHWESTERN UNIVERSITY
EXEMPT EMPLOYEE MONTHLY TIME SHEET

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: January, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				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

Key: V=Vacation, S=Sick Leave, H=Holiday

I did not take any time off this month.

 Employee's Signature

 Supervisor's Signature

(Supervisor: Please return all timesheets to Payroll by the 5th of each month.)

Please indicate the type of leave taken by the use of the letters given in the key above. If you have taken less than a full day of vacation or sick leave, please indicate this by the use of the letter and a number. As an example, if you were sick four hours on Friday, use S-4. If you were out the whole day just use an S to indicate that you were out the whole day. When no time has been taken, please check the box above the signature line. Please sign your name and forward this form to your supervisor. **PLEASE RETURN THIS TIME SHEET (EVERY MONTH) TO Janie Litton - PAYROLL - BUSINESS OFFICE.**

SOUTHWESTERN UNIVERSITY
EXEMPT EMPLOYEE MONTHLY TIME SHEET

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: February, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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

Key: V=Vacation, S=Sick Leave, H=Holiday

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 Employee's Signature

 Supervisor's Signature

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SOUTHWESTERN UNIVERSITY
EXEMPT EMPLOYEE MONTHLY TIME SHEET

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: March, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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				

Key: V=Vacation, S=Sick Leave, H=Holiday

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 Supervisor's Signature

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Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: April, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			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		

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EXEMPT EMPLOYEE MONTHLY TIME SHEET

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: May, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					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
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Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: June, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	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				

Key: V=Vacation, S=Sick Leave, H=Holiday

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			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
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Employee Name: _____
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 Department: _____
 Month of: August, 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						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
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				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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22	23	24	25	26	27	28
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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		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		

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