EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

SU ID# : Department	·•					
Month of:		January, 2016	5			
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						
Leave, AL=	V=Vacation, S= Administrative L I did not take an	eave, JD=Jury	/ Duty, BV=Ber			
	Certified True	and Correct:				
	Employee's Si	gnature				
	APPROVED: Supervisor's S (Supervisor: month.)	ignature Please returi	n all Leave Rep	oorts to Pay	roll by the 5	th of each

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

mployee Nar U ID# :	ne: _			<u> </u>		
epartment: Ionth of:	- I	ebruary, 20	16			
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					
			H=Holiday, WC= y Duty, BV=Ber			
□ Id	id not take an	y time off this	month.			
C	Certified True	and Correct:				

Supervisor's Signature (Supervisor: Please return all Leave Reports to Payroll by the 5th of each month.)

Employee's Signature

APPROVED:

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

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		

eave, AL=Administrative Leave, JD=Jury Duty, BV=Bereavement Leave, O=Other

I did not take any time off this month.

Certified True and Correct:

Employee's Signature

APPROVED:
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th of each

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 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 lines. Please sign your name and forward this form to your supervisor. PLEASE RETURN THIS LEAVE REPORT (EVERY MONTH) TO JANIE LITTON - PAYROLL - BUSINESS OFFICE.

month.)

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Na SU ID# : Department:	me: _					
Month of:	,	April, 2016				
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
_eave, AL=Ad		eave, JD=Jury	H=Holiday, WC= y Duty, BV=Ber month.			
(Certified True	and Correct:				
	Emplovee's Si	anature				

APPROVED:
Supervisor's Signature
(Supervisor: Please return all Leave Penorts to Payroll by the

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

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

onth of: Sunday	Monday	May, 2016 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				
ave, AL=A	dministrative L		H=Holiday, WC= y Duty, BV=Ber			

APPROVED:
Supervisor's Signature

Employee's Signature

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

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee No SU ID# :				-		
Department: Month of:		June, 2016		_		
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		
eave, AL=A	Administrative L	eave, JD=Jur	H=Holiday, WC= y Duty, BV=Ber			
ш	did not take an	y time off this	montn.			
	Certified True	and Correct:				
	Employee's S	ignature				

Supervisor's Signature (Supervisor: Please return all Leave Reports 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 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 lines. Please sign your name and forward this form to your supervisor. PLEASE RETURN THIS LEAVE REPORT (EVERY MONTH) TO JANIE LITTON - PAYROLL - BUSINESS OFFICE.

APPROVED:

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

epartment: onth of:		July, 2016				
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						
eave, AL=Ac		eave, JD=Jury	H=Holiday, WC= y Duty, BV=Bero month.			
'	APPROVED:	gnature				

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

SHÌD# ·

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month.)

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כ	epartment: lonth of:	Ā	ugust, 2016				
	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

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, AL=Administrative Leave, JD=Jury Duty, BV=Bereavement Leave, O=Other

I did not take any time off this month.

Certified True and Correct:

Employee's Signature

APPROVED:
Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th of each

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EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
				1	2	3
	5	6	7	8	9	10
1	12	13	14	15	16	17
8	19	20	21	22	23	24
25	26	27	28	29	30	

APPROVED:
Supervisor's Signature

Employee's Signature

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

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

SU ID#:						
Department: Month of:		October, 2016	6	_		
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					
Leave, AL=A	V=Vacation, S=Administrative L did not take any Certified True Employee's Si	eave, JD=Jury y time off this and Correct:	y Duty, BV=Ber			
	APPROVED: Supervisor's S (Supervisor: month.)	Signature Please retur	n all Leave Rep	oorts to Pay	roll by the 5	o th of each

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Sunday	Monday	Tuesday	Wednesday	Thursday 3	Friday 4	Saturda 5
			2	3	4	5
;	7	8	9	10	11	12
3	14	15	16	17	18	19
0	21	22	23	24	25	26
7	28	29	30			

APPROVED:
Supervisor's Signature

Employee's Signature

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

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

SU ID# ·

25

Department: Month of:		December, 20				
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

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, AL=Administrative Leave, JD=Jury Duty, BV=Bereavement Leave, O=Other

I did not take any time off this month.

Certified True and Correct:

Employee's Signature

APPROVED:
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th of each month.)

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