

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: January, 2019

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, 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.

 Employee's Signature

Approved:

 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 PAM LEATHERWOOD - PAYROLL - BUSINESS OFFICE.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: February, 2019

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		

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SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: March, 2019

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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EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: April, 2019

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 LEAVE REPORT

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: May, 2019

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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EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
 SU ID#: _____
 Department: _____
 Month of: June, 2019

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: July, 2019

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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	26	27
28	29	30	31			

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 SU ID#: _____
 Department: _____
 Month of: August, 2019

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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 Department: _____
 Month of: September, 2019

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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	26	27	28
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 SU ID#: _____
 Department: _____
 Month of: October, 2019

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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 Department: _____
 Month of: December, 2019

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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