Monthly Leave Sheet

Due to Human Resources
by the 5th of the following month

HENDERSON STATE UNIVERSITY
Monthly Leave Record

Department: Residence Life Month: July Year: 2014

Account No.: 220105110

Employee Name	ID #	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	OK
Norris, Kim	**5550-04063**				**H**			**A**	**A**	**A**	**A**	**A**																					

Initial

Note: this is to be utilized by all non-classified employees and faculty

A= Annual Leave (Not applicable for 9 mo. Faculty)		
S= Sick Leave	J= Jury	W/C= Workers Compensation
F= Family Sickness	B= Bereavement	FMLA= Family Medical Leave Act
E=Educational Leave	M= Military	
H=Holiday	W= Weather	

Approved by: Employee Supervisor

Required

For multiple employees in the same department

Only record time absent, including partial days
ie. a ½ day sick would be 4S

Payroll
Christy 5093 or Dawn 5101