

Employee:		Pay Period:	
Banner ID:		Start Date	End Date
		Position #:	

DAY	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total
DATES								
Hours Worked								0.00
Annual Leave								0.00
Sick Leave Taken								0.00
Paid Holiday								0.00
Other Leave Time <small>(Specify military, jury, etc..)</small>								0.00
DATES								
Hours Worked								0.00
Annual Leave								0.00
Sick Leave Taken								0.00
Paid Holiday								0.00
Other Leave Time <small>(Specify military, jury, etc..)</small>								0.00
DATES								
Hours Worked								0.00
Annual Leave								0.00
Sick Leave Taken								0.00
Paid Holiday								0.00
Other Leave Time <small>(Specify military, jury, etc..)</small>								0.00
DATES								
Hours Worked								0.00
Annual Leave								0.00
Sick Leave Taken								0.00
Paid Holiday								0.00
Other Leave Time <small>(Specify military, jury, etc..)</small>								0.00
DATES								
Hours Worked								0.00
Annual Leave								0.00
Sick Leave Taken								0.00
Paid Holiday								0.00
Other Leave Time <small>(Specify military, jury, etc..)</small>								0.00

PLEASE DO NOT WRITE IN THIS SPACE	
Business Office Use Only	
Total Hours Worked	0.00
Total Annual Leave	0.00
Total Sick Leave	0.00
Total Paid Holiday	0.00
Total Other Leave	0.00
TOTAL	0.00

I certify that the time and leave indicated above, to be true and correct.

Employee	Date
Supervisor	Date