



Pay Period _____ to _____

Name: _____

Banner ID Number: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Work Schedule							
Hours Worked							
Leave Taken							
Compensatory Time Earned							
Reason							

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Work Schedule							
Hours Worked							
Leave Taken							
Compensatory Time Earned							
Reason							

Leave Codes:

ANL - Annual SLT- Sick Leave KTE-Comp Time Earned KTT-Comp Time Taken

I hereby certify the hours shown are correct.

Employee Signature _____

Date: _____

Supervisor Signature _____

Date: _____