



Monthly Leave Record for Professional Level Personnel

Anniversary Date:
Department:

Name		Month Ending		
Employee Number -		Delivery Drop	FTE	
		Number of Days Charged to Accruals		
		Vacation	Sick Leave	Holiday Leave
Balance Forward:				
Date(s):	Days Charged:			
	Accrual			
	Charged			
	Balance			

Certifications:

Supervisor/Project Director:

Employee:
I certify that the above time and attendance information I true and complete to the best of my knowledge.

I confirm that the above distribution of the activity of employee represents a reasonable estimate of work performed on sponsored agreements or indirect cost activities funded through the above account numbers.

Employee Signature

Date

Supervisor

Date

Project Director

Date

PROJECTS #

TASK #

EXP CODE – SWR Exempt

Rev. 1/18/04

AWARD #