

Name					UID					Organization Code					Month				
Day	Annual (170)	Sick (180)	Other Hours		E.C.*	Day	Annual (170)	Sick (180)	Other Hours		E.C.*	Day	Annual (170)	Sick (180)	Other Hours		E.C.*		
1 st						2 nd						3 rd							
4 th						5 th						6 th							
7 th						8 th						9 th							
10 th						11 th						12 th							
13 th						14 th						15 th							
16 th						17 th						18 th							
19 th						20 th						21 st							
22 nd						23 rd						24 th							
25 th						26 th						27 th							
28 th						29 th						30 th							
31 st																			

PERIOD SUMMARY	Beginning Balance	Usage	Pre-Accrual Balance	Accrual** <small>**Only record when pay period covers month end</small>	Ending Balance	FOR TIMEKEEPER USE ONLY:
Annual Leave						Payroll Number _____ ECLS _____ Position _____ Suffix _____ Organization _____ (Timekeeper's Initials) Entered by: _____ Date: _____
Sick Leave						

I certify that hours worked as reported above are true and accurate in accordance with University policies & procedures. All work assignments for Federal Work and Study students have been performed in a satisfactory manner.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____