MONTHLY LEAVE REPORT

Home Department Name (1)	Period End Date (2)

Name: Last,First MiddleInitial (3)	Employee ID # (4)	Hours Vacation	Hours Sick

I do hereby certify that the above time roster is complete and accurate to the best of my knowledge and belief.

1 - Department Signature/Date
2 - Department Signature/Date

Payroll Signature	Date	