

Position No. _____ Organizational No. _____ Date of Hire _____

MONTHLY STAFF EXEMPT EMPLOYEE

Month/Year of Time Reported _____ Department _____

Last Name (Print) _____ First Name _____ Identification Number _____

	Number of Days	Dates Taken
Vacation Days		
Sick Leave Days		
Family Sick Days		
Holidays/Seasonal Days		
Other _____		
TOTAL DAYS		

Comments: _____

Employee Signature

Date: _____ Phone (ext.) _____

Supervisor Signature

Date: _____ Phone (ext.) _____

Payroll Use Only

Due to Payroll by the 1st of the following month.