

# University of Arkansas at Monticello

## *TIME RECORD: For Faculty and Non-Classified Employees*

Employee Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Department \_\_\_\_\_

Pay Period Beginning \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

### *Leave Taken for Pay Period*

Date	Leave Taken		Date	Leave Taken	
	Hours	Code		Hours	Code
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		
Tot.			Tot.		
<b><i>Total Hours for the Pay Period</i></b>					

**SUMMARY**

Vacation Hours Taken (V) \_\_\_\_\_  
 Sick Hours Taken - Employee (SE) \_\_\_\_\_  
 Sick Hours Taken - Family (SF) \_\_\_\_\_  
 Holiday (H) \_\_\_\_\_  
 Other (Describe) (O) \_\_\_\_\_  
 \_\_\_\_\_

My signature certifies employment and leave taken  
for the above noted period.

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Signature (Supervisor)