

University of Arkansas at Monticello

TIME RECORD: For Faculty and Non-Classified Employees

Employee Name _____ Employee ID# _____

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.		
<i>Total Hours for the Pay Period</i>					

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)