

School of Music
MONTHLY TIMESHEET

Last Name					First Name				MI:	EMPLID:	FTE	
Department:					Acct Number/ Object Code (000000000-0000):						Month Ending (MM/YYYY)	
Day/Date	ADL Admin Leave	ACA ACA Hours	CLA Class Hours	XSL Extended Sick Leave	PFM FMLA W/Pay	UFM FMLA W/O Pay	HLD Holiday Hours	JUR Jury Leave	MLT Military Leave	OJI On-the-Job Injury	SPL Paid Leave Scheduled	TPM Term Paid Leave
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Totals												
Comments:												
Employee's Signature - By signing this document, I certify that the hours recorded above represent my true status for the period shown:											Date:	
Supervisor's Signature - By signing this document, I certify that the hours recorded above are true and correct:											Date:	