

Mississippi University for Women

Non-Exempt Employee Attendance/Leave Record

Employee Name: _____

Department: _____

Date of Employment: _____

Leave Record for: _____ of _____
Month Year

Day	Actual Hours Worked	Personal Leave	Medical Leave	Leave Without Pay	Holiday	Administrative Leave	Comp Time Used	Death in Family	Jury Duty	Military Leave	Unauthorized Absence	Totals
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Totals												

Personal Leave

Brought Forward _____
 Earned this month _____
 Used this month _____
 Balance _____

Major Medical Leave

Brought Forward _____
 Earned this month _____
 Used this month _____
 Balance _____

Comp Time

Brought Forward _____
 Earned this month _____
 Used this month _____
 Balance _____

I hereby certify that the above record is true and complete to the best of my knowledge and belief.

 Employee's Signature

 Date

 Supervisor's Signature

 Date