

*TENNESSEE STATE UNIVERSITY
MONTHLY LEAVE REPORT*

Name _____

Reporting Month _____

Employee ID _____

Date	Annual (Hours)	Sick (Hours)	Other (Hours)	Other (Code)
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
TOTAL				

CODE
<i>150 – holiday</i>
<i>152 – inclement weather</i>
<i>165 – bereavement</i>
<i>190 – comp taken</i>
<i>230 – military</i>
<i>270 – civil</i>
<i>310 – jury duty</i>
<i>420 – leave w/o pay</i>

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. IT IS MY RESPONSIBILITY TO RECONCILE IT WITH THE APPROPRIATE CHECK STUB.

Employee _____

Date _____

Supervisor _____

Date _____