

Name		UID			Organization Code			Month	
Day	Annual (170)	Sick (180)	Other Hours	E.C.*	Day	Annual (170)	Sick (180)	Other Hours	E.C.*
1st					2nd				
3rd					4th				
5th					6th				
7th					8th				
9th					10th				
11th					12th				
13th					14th				
15th					16th				
17th					18th				
19th					20th				
21st					22nd				
23rd					24th				
25th					26th				
27th					28th				
29th					30th				
31st									

PERIOD SUMMARY	Beginning Balance	Usage	Pre-Accrual Balance	Accrual** **Only record when pay period covers month end	Ending Balance
Annual Leave					
Sick Leave					

FOR TIMEKEEPER USE ONLY:

Payroll Number _____

ECLS _____

Position _____

Suffix _____ Organization _____

(Timekeeper's Initials)

Entered by: _____ Date: _____

I certify that hours worked as reported above are true and accurate in accordance with University policies & procedures. All work assignments for Federal Work and Study students have been performed in a satisfactory manner.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____