## EMPLOYEE MONTHLY LEAVE RECORD

(To be submitted on the 20th of each month.)

Employee Name: ____________________________________________

Please Print Legibly

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**TOTALS:** Sick Leave: ____________

Vacation: ____________

I hereby certify that the time recorded is correct.

Employee Signature: ____________________________ Date: ____________

Supervisor’s Signature: ____________________________ Date: ____________

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**FOR OFFICE USE ONLY**

Paid Via: Prelist / EDLR Date: ____________ By: ____________

Notes: ____________________________________________

________________________________________________________