

LANGSTON UNIVERSITY
Time and Attendance Report

Month of _____ 20__

Employee's Name: _____ Dept _____

Record Time-in and Time-out in block under appropriate date.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Morning-In															
Noon-Out															
Noon-In															
Evening-Out															
Total Hours Worked															
Other Hours															
*Total Hours															

OTHER LEAVE _____

- M-Medical
- A-Annual
- C-Comp. Time
- MIL-Military
- ADMIN-Administrative
- F-Funeral
- P-Professional
- J-Jury Duty
- MAT-Maternity
- FMLA-Family and Medical Leave

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Morning-In															
Noon-Out															
Noon-In															
Evening-Out															
Total Hours Worked															
Other Hours															
*Total Hours															

OTHER HOURS _____

- Medical _____
- Annual _____
- Comp. Time _____
- Military _____
- Administrative _____
- Funeral _____
- Professional _____
- Jury Duty _____
- Maternity _____
- FMLA _____
- Overload _____

I do certify that the hours as shown above are a true and accurate record of the hours which I have worked for the month stated.

This is to certify that a review has been made of the TOTAL WORKING HOURS reflected on the time and attendance report for this employee for the month stated while under my supervision.

Employee's Signature Date

Supervisor's Signature Date