

Langston University

Time Record: Exempt Employees

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

For the Month of: \_\_\_\_\_  
 Month Year

Leave Taken for the Month

Date	Leave Taken (If present, indicate with "p")		Date	Leave Taken (If present, indicate with "p")	
	Hours	Code		Hours	Code
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		
Tot.			Tot.		

Total Hours for the Month

**SUMMARY**

LV. Hours Taken \*CN+ \_\_\_\_\_

Signature (Record Keeper)

Ext. Sick Hours Taken (Employee Illness Only)\*GUE+ \_\_\_\_\_

\_\_\_\_\_

Adm. LV Taken (ADM) \_\_\_\_\_

Family Medical Leave (FMLA) \_\_\_\_\_

Professional LV. (PROF) \_\_\_\_\_

Jury Duty (JUR) \_\_\_\_\_

Leave Without Pay (NY QR+ \_\_\_\_\_

Military Leave (ML) \_\_\_\_\_

Other (0) – Describe \_\_\_\_\_

My signature certifies employment and leave taken for the above noted period.

\_\_\_\_\_  
Signature (Supervisor)

Leave without pay will be employed if all leave time has been exhausted.

Exempt Employee "Time Records" should be submitted by the 10<sup>th</sup> of every month.