

METROPOLITAN STATE UNIVERSITY of DENVER

Exempt Monthly Timesheet/Leave Report

Name _____ Department _____ 900# _____

Job Title _____ Month November 2020

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23/ 30 | 24 | 25 | 26 | 27 | 28 | 29 |

Post the appropriate symbol, hours and date of leave taken above. Complete the summary box, then obtain appropriate signatures and return to Human Resources by the third working day of the following month.

Total Annual _____ Total Holiday _____ Total Sick _____ Total Other _____ Monthly Total _____

I certify the above is correct.

Employee's Signature

Supervisor's Signature

Leave Codes

| | | | |
|-------------------------------------|--|-------------|----------------------------------|
| A | Annual Leave | LWO | Leave Without Pay |
| S | Sick | M | Military Leave |
| SF | Sick Leave-Family | MT | Military Training Leave |
| F | Funeral Leave (Verification documentation must be attached to timesheet) | STD | Short-term Disability |
| J | Jury Leave (Verification documentation must be attached to timesheet) | FMA* | Family/Medical Leave-annual |
| IOJ | Injury Leave (Workman's Comp claim filed) | FMD* | Family/Medical Leave-STD |
| H | Holiday Leave | FMS* | Family/Medical Leave-sick |
| CC | Campus Closure | FMF* | Family/Medical Leave-family sick |
| ADM <input type="checkbox"/> | Administrative Leave (Only with prior approval from administration) | FML* | Family/Medical Leave-unpaid |

* For birth, placement for adoption/foster care, serious health condition of self or family member. Leave must be pre-approved by appointing authority in Human Resources, except in emergencies.

❖ Must be approved in writing by Director of Human Resource prior to taking leave.

Please SCAN completed timesheets to Kwall7@msudenver.edu