

EXEMPT NON-REPRESENTED PAYROLL/LEAVE REPORT

NAME: _____

COSMO ID _____

PAY PERIOD _____

LOC: _____

DEPT: _____

* EMPLOYEE SIGNATURE: _____

* SUPERVISOR SIGNATURE: _____

SUPERVISOR: _____

	S U N	M O N	T U E	W E D	T H R	F R I	S A T	S U N	M O N	T U E	W E D	T H R	F R I	S A T	TOTAL
HOLIDAY FIXED OR FLEXIBLE															
VACATION															
SICK LEAVE															
COMP. PERSONAL REASON															
OTHER LEAVE HOURS															
CODE FOR OTHER HOURS															
TOTAL															

* By signing this report, both the employee and the supervisor acknowledge the employee was present for all days not recorded as leave.

OTHER LEAVE CODES

DD – DUTY INCURRED DISABILITY

JD – JURY DUTY

MP – MATERNITY DISABILITY LEAVE

ML – MILITARY LEAVE

NP – LEAVE NO PAY

OTHER (SPECIFY) _____

INSTRUCTIONS

INDICATE ANY ABSENCE FROM YOUR ASSIGNMENT BELOW THE DATE IT OCCURRED. IF YOUR ABSENCE WAS FOR OTHER THAN THE REASONS LISTED IN THE TABLE, PLEASE CONSULT "OTHER LEAVE CODES". ON THE LAST DAY OF THE PAY PERIOD, TOTAL BY TYPE THE HOURS INDICATED, THEN SIGN AND SUBMIT THE REPORT TO YOUR SUPERVISOR OR DESIGNEE.