**NICHOLLS STATE UNIVERSITY UNCLASSIFIED DAILY ATTENDANCE AND LEAVE RECORD**

**JOB CODE:**     **EMPLOYEE:** **Banner Employee ID #: N**       **PAY PERIOD:** **TO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | SAT | SUN | MON | TUE | WED | THU | FRI | SAT | SUN | MON | TUE | WED | THU | FRI | TOTAL |  |
| Date of Month |      |      |      |      |      |      |      |      |      |      |      |      |      |      | HOURS |  |
| Unclassified pay |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 079 |
| temporary unclassified |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 080 |
| Intermittent-regular |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 090 |
| intermittent-student |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 095 |
| extra service non benefits |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 131 |
| Annual Leave Taken\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 170 |
| Sick leave Taken\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 180 |
| Uncl comp leave taken\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 192 |
| Holiday pay |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 150 |
| closure pay\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 151 |
| military leave\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 152 |
| civil leave\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 153 |
| Other leave\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 154 |
| leave without pay |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | 420 |
| Uncl comp hours earned\* |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       | Not Paid |
| total hours |      |      |      |      |      |      |      |      |      |      |      |      |      |      |       |  |

Please insert the proper code and title in the blank line(s) above from the codes listed below for time not to be paid:

 **\* NOTE: Complete leave summary**

 417 - Hours prior to employment date 419 - Suspended **on back of page.**

 418 - Terminated or laid off 420 - Leave without pay\*

**Certification by Employee:** I certify that the above attendance and leave record is correct and that my absence from duty as charged against leave is within the provisions contained in “Leave Record Establishment and Regulations” for all unclassified, non-civil service employees under the jurisdiction of the Board of Trustees for the University of Louisiana System.

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved:** To the best of my knowledge the employee’s attendance and leave record as indicated above is correct, and I hereby approve the record.

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Revised 10/19/11)**

**COMPENSATORY SUMMARY**

Please complete the following for all compensatory hours performed during the pay period:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Time** |  |  |
| **DAY OF THE WEEK** | **Date** | **beginning** | **Ending** | **#HRS** | **Reason** |
|       |       |       |       |     |       |
|  |  |       |       |  |  |
|       |       |       |       |     |       |
|  |  |       |       |  |  |
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|  |  |       |       |  |  |
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|  |  |       |       |  |  |
|       |       |       |       |     |       |
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|  |  |       |       |  |  |
|       |       |       |       |     |       |
|  |  |       |       |  |  |

**LEAVE TAKEN SUMMARY**

Please complete the following for all leave taken during the pay period:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF LEAVE TAKEN** | **NO. OF HOURS** | **TIME** | **DATE** | **REASON FOR LEAVE** |
| **BEGINNING** | **ENDING** | **BEGINNING** | **ENDING** |
|       |      |       |       |       |       |  |
|       |      |       |       |       |       |       |
|       |      |       |       |       |       |       |
|       |      |       |       |       |       |       |
|       |      |       |       |       |       |       |
|       |      |       |       |       |       |       |
|       |      |       |       |       |       |       |

**Certification by Employee:** I hereby certify that the above schedule of compensatory performed and the leave taken summary are correct.

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved:** I hereby approve the above recorded hours performed and leave taken.

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Revised 10/19/11)**