GRAMBLING STATE UNIVERSITY

STAFF TIMESHEET

PAY PERIOD: MONTH_____YEAR_____ ☐ *No Leave Taken*

EMPLOYEE NAME: _____ SS#: _____

INSTRUCTIONS: Enter the pay period. All leave taken requires an approved leave form.
This report and leave forms must be submitted to the payroll department for processing.
Please indicate the number of hours used under the appropriate leave column.
The employee and the supervisor must sign below. This form must agree with leave forms

	ANN	SIC	CTT	CIV	MIL	FNL	SLU	INW	LWO	CLO
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My signature below certifies that I have recorded all approved leave taken as of the date of my signature.

Employee Signature:_____ Date:_____

Supervisor Signature _____ Date: _____

* *ANN*	Annual
* *SIC*	Sick
* *CTT*	Compensatory Taken
**CIV*	Civic
**MIL*	Military
**FNL*	Funeral
**SLU*	Special University/Travel
**INW*	Inclement Weather
**LWO*	Leave Without Pay
**CLO*	Emergency University Closure

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