Period Beginning _____

Ending _____

Department _____

SOUTHEASTERN LOUISIANA UNIVERSITY

HAMMOND, LOUISIANA

CODE FOR TIME TO BE PAID:

X - On Duty **SP - Special Leave** **K - Compensatory Time**

A - Annual Leave **B - Sick Leave** **HP - Holiday with Pay**

CODE FOR TIME NOT TO BE PAID

O - On Leave Without Pay

NAME ---- EMPL ID#	EMP INITIAL	SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI

ATTENDANCE CERTIFIED CORRECT

NAME _____

TITLE _____