Kansas Athletics	- Monthly Time She	et	
	File #:	Month:	

								Total	Total Leave Codes Total S		Special			
Date	Day	In	Out	In	Out	In	Out	Work	٧	s	Other I	eave	Hrs	Event Notes
Exam	ple:	8:00 AM	10:00 AM	12:30 PM	2:30 PM			4.00	1.00	1.00	2.00	F	8.00	
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Employee Cignoture Date

Employee Signature Date

Supervisor Signature Date

Name: _

LEAVE SUMMARY
Vacation Leave
Sick Leave
Other Leave
Total Leave