

METROPOLITAN STATE UNIVERSITY of DENVER

Exempt Monthly Timesheet/Leave Report

Name _____ Department _____ 900# _____

Job Title _____ Month April 2021

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Post the appropriate symbol, hours and date of leave taken above. Complete the summary box, then obtain appropriate signatures and return to Human Resources by the third working day of the following month.

Total Annual _____ Total Holiday _____ Total Sick _____ Total Other _____ Monthly Total _____

I certify the above is correct.

Employee's Signature

Supervisor's Signature

Leave Codes

A	Annual Leave	H	Holiday Leave
S	Sick	LWOP	Leave Without Pay
F	Funeral Leave (Verification documentation must be attached to timesheet)	M	Military Leave
J	Jury Leave (Verification documentation must be attached to timesheet)	PAR *	Parental Leave
IOJ *	Injury Leave (Workman's Comp claim filed)	MED *	Medical Leave
ADM *	Administrative Leave (Only with prior approval from administration)	VFL	Voluntary Furlough Leave
CC	Campus Closure	MFL	Mandatory Furlough Leave

* ADM Leave Must be approved in writing by Director of Human Resource prior to taking leave

* PAR, MED and IOJ must be approved by the Benefits Team in Human Resources prior to taking leave

Please SCAN completed timesheets to KWALL7@MSUDENVER.EDU