

# METROPOLITAN STATE UNIVERSITY *of* DENVER

## Exempt Monthly Timesheet/Leave Report

Name \_\_\_\_\_ Department \_\_\_\_\_ 900# \_\_\_\_\_

Job Title \_\_\_\_\_ Month May 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/ 31	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

<b>A</b>	Annual Leave	<b>H</b>	Holiday Leave
<b>S</b>	Sick	<b>LWOP</b>	Leave Without Pay
<b>F</b>	Funeral Leave (Verification documentation must be attached to timesheet)	<b>M</b>	Military Leave
<b>J</b>	Jury Leave (Verification documentation must be attached to timesheet)	<b>PAR *</b>	Parental Leave
<b>IOJ *</b>	Injury Leave (Workman's Comp claim filed)	<b>MED *</b>	Medical Leave
<b>ADM *</b>	Administrative Leave (Only with prior approval from administration)	<b>VFL</b>	Voluntary Furlough Leave
<b>CC</b>	Campus Closure	<b>MFL</b>	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](mailto:Kwall7@msudenver.edu)**