

**GRAMBLING STATE UNIVERSITY
FACULTY 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

	Sick	Civic	Military	Funeral	Special University Travel	Leave Without Pay	Inclement Weather	Emergency University Closure
1								
2								
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30								
31								

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: _____