

**GRAMBLING STATE UNIVERSITY  
STAFF 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*

	ANN	SIC	CTT	CIV	MIL	FNL	SLU	INW	LWO	CLO
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*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: \_\_\_\_\_

- \* ANN     Annual
- \* SIC     Sick
- \* CTT     Compensatory Taken
- \* CIV     Civic
- \* MIL     Military
- \*FNL     Funeral
- \*SLU     Special University/Travel
- \*INW     Inclement Weather
- \*LWO     Leave Without Pay
- \*CLO     Emergency University Closure