HENDERSON STATE UNIVERSITY

Monthly Leave Record

Administrative Unit _____ Month _____ Year _____

Name / ID number	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	31
EXAMPLE EMPLOYEE					**8**																										
14425					**A**																										

Note: this is to be utilized by all non-classified employees and faculty ; the completed form, with all signatures, should be turned into Human Resources by the 10th of each month.

A= Annual Leave (annual leave is only applicable for non-classified and 12 month faculty)
S= Sick Leave
F= Family Sickness

Approved by: _____ _____

Employee Supervisor