

MINNESOTA STATE UNIVERSITY MOORHEAD

Unclassified Employee Timesheet

Complete this form and submit it to the Payroll Office, P.O Box 108, by 12 noon, Friday, May 21, 2010.
Appropriate leave request forms may be submitted separately.

Name: _____

ID#: _____

Leave taken during payperiod **05/12/10 thru 05/25/2010**

Day	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tue	TOTAL HOURS
Date	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Vacation Leave															
Sick Leave															
Holiday															HOL ___
Personal Military Jury Duty Bereavement															PLV ___ MIL ___ JDY ___ BLV ___
Unpaid Leave															

During the payperiod set forth above, I have fulfilled my contractual obligations to the University, including obligations relative to the amount of time devoted to University assigned duties. During this payperiod, I took leave time on the days specified. Such leave was approved by the President or his/her designee in writing on the appropriate form.

Employee Signature

Date

Supervisor Signature

Date