

Monthly Leave Usage

UNM ID: Employee Name:

Month of Usage:

| Day | Annual | Sick | Other | Comments |
|---------------|-------------|-------------|-------------|----------|
| 1 | | | | |
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| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| Total: | 0.00 | 0.00 | 0.00 | |

Employee Signature/Date

Supervisor Signature/Date

Timekeeper Submitted on Pay Period 5R: