

Monthly Leave Usage

UNM ID: _____ Employee Name: _____

Month of Usage:

Day	Annual	Sick	Other	Comments
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				
Total:				

Employee Signature/Date

Supervisor Signature/Date

Timekeeper Submitted on Pay Period 5R: