Period Beginning _____
Ending _____
Department _____

SOUTHEASTERN LOUISIANA UNIVERSITY
HAMMOND, LOUISIANA

CODE FOR TIME TO BE PAID:

X - On Duty
SP - Special Leave
K - Compensatory Time
A - Annual Leave
B - Sick Leave
HP - Holiday with Pay

CODE FOR TIME NOT TO BE PAID

O - On Leave Without Pay

NAME ---- EMPL ID#	EMP INITIAL	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI	SAT

ATTENDANCE CERTIFIED CORRECT

NAME _____

TITLE _____