SAMPLE 5/4-9 SCHEDULE #1

Fermilab

FERMI NATIONAL ACCELERATOR LABORATORY
Monthly Leave Usage

ID :
Mail To: SAMPLE EMPLOYEE #1 - MONTHLY

Paygroup: MTH
Pay End Date: 7/21/2007

Dept: MS:

22	23	24	25	26
27	28	29	30	31

1	2	3	4	5	6	7
				9-V	8-V	
8	9	10	11	12	13	14
	9-V					
15	16	17	18	19	20	21

Please indicate the leave usage as follows:

V - Vacation
S - Sick Leave
L - Leave Without Pay
M - Military Duty
F - Floating Holiday
J - Jury Duty
D - Death in Family

LABOR DISTRIBUTION

		Project	Task	Pct
	RGS			
a u	VAS			
c s	SKS			
c e	JRS			
o	FLS			
u	DFS			
n o				
t n				
i l				
n y				
g				

I hereby certify that the time reported above represents a true statement	EMPLOYEE SIGNATURE	Date: / /

Approver ID	AUTHORIZED SIGNATURE	Date: / /

Comments:

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink.
Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis) the actual effort distribution for the time worked during this time period.

Rev 4/03