

SAMPLE 5/4-9 SCHEDULE #2



FERMI NATIONAL ACCELERATOR LABORATORY Monthly Leave Usage

ID: _____
 Mail To: **SAMPLE EMPLOYEES #2- MONTHLY**
 Dept: _____ MS: _____

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

22	23	24	25	26
27	28	29	30	31

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

Please indicate the leave usage as follows:

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

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

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

Approver AUTHORIZED ID SIGNATURE _____ Date: / /

Comments: