

 The University of Montana - Helena COLLEGE OF TECHNOLOGY	Employee Name:	
	Banner ID:	
	Month/Year:	
This form must be submitted to Human Resources and retained according to legal requirements.		

Record time in ½ hour increments																	
Time	Date	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th	15 th	16 th
Regular																	
Holiday																	
Annual																	
Sick																	
FMLA																	
Other (specify)																	

Record time in ½ hour increments																	
Time	Date	17 th	18 th	19 th	20 th	21 st	22 nd	23 rd	24 th	25 th	26 th	27 th	28 th	29 th	30 th	31 st	Total Hours
Regular																	
Holiday																	
Annual																	
Sick																	
FMLA																	
Other (specify)																	

I certify that the above time record is accurate to the best of my knowledge.

Employee Signature

Date

Supervisor Signature

Date

Leave Approval

Check the appropriate box(es):

- Annual Leave Date(s) requested: _____
- Flex Leave Date(s) requested: _____
- Sick Leave Date(s) requested: _____
- Juror or Witness Date(s) requested: _____
- Military Leave Date(s) requested: _____
- Other (explain) Date(s) requested: _____

FACULTY: Explanation of how courses will be covered: _____

Approved Supervisor Signature: _____ Date: _____

Denied Reason: _____

Supervisor Signature: _____ Date: _____