

## **MONTHLY LEAVE BALANCE STATEMENT**

FOR PROFESSIONAL EXPERTS

Last Name	First Name		Month Year			
				Lenath of	Length of Absence	
		Day	Code	Hours	Minutes	
Colleague ID Number	Department	1				
		2				
		3				
SENERAL INCTRUCTIONS		4				
GENERAL INSTRUCTIONS		5				
A Monthly Leave Balance Statement is to be completed at the end of each month and submitted to Payroll <b>no later than the third (3rd)</b> working day of the following month. The statement is to be completed by each employee regardless of whether any time was		6				
		7				
		8				
		9				
aken or not.		10				
		11				
CVPLANATION OF CORES		12				
XPLANATION OF CODES		13				
S Sick Leave		14				
V Vacation Leave (requires pre-approval)		15				
		16				
A Absence With Deduction (requires pre-approv	al and pay will be	17				
docked)		18				
		19				
		20				
		21				
		22				
		23				
COMMENTS:		24				
		25				
		26				
		27				
		28				
		29				
		30				
		31				
		No absen	ces to report			
		ertify that to to omplete and	-	knowledge, the a	bove informat	
		ployee Sign	ature		Date	
	Sur	nervisor Sign	naturo		Date	