

**LANGSTON UNIVERSITY**  
 Time and Attendance Report  
 (Hours must total at least eight hours per day)

Month of \_\_\_\_\_ 20\_\_\_\_

Employee's Name: \_\_\_\_\_ Dept \_\_\_\_\_

Record Time-in and Time-out in block under appropriate date.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Morning-In																<b>OTHER LEAVE</b> M-Medical A-Annual C-Comp. Time MIL-Military ADMIN-Administrative F-Funeral P-Professional J-Jury Duty MAT-Maternity FMLA-Family and Medical Leave
Noon-Out																
Noon-In																
Evening-Out																
Total Hours Worked																
Other Leave (Hours)																
*Total Hours																

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Morning-In																	<b>TOTAL HOURS</b> Medical _____ Annual _____ Comp. Time _____ Military _____ Administrative _____ Funeral _____ Professional _____ Jury Duty _____ Maternity _____ FMLA _____
Noon-Out																	
Noon-In																	
Evening-Out																	
Total Hours Worked																	
Other Leave (Hours)																	
*Total Hours																	

I do certify that the hours as shown above are a true and accurate record of the hours which I have worked for the month stated.

This is to certify that a review has been made of the TOTAL WORKING HOURS reflected on the time and attendance report for this employee for the month stated while under my supervision.

\_\_\_\_\_  
 Employee's Signature Date

\_\_\_\_\_  
 Supervisor's Signature Date

**HOURLY EMPLOYEES SHOULD SUBMIT ORIGINAL TIMESHEET TO PAYROLL.**

\_\_\_\_\_  
 Vice President Date