



**FERMI NATIONAL ACCELERATOR LABORATORY**

**Monthly Leave Usage**

ID:

Mail To:

Paygroup:  
Pay End Date:

Dept:

MS:

Previous Month

Current Month

22	23	24	25	26
27	28	29	30	31

1	2	3	4	5	6	7
8	9	10	11	12	13	14

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

15	16	17	18	19	20	21
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LABOR DISTRIBUTION		
Project	Task	Pct

a c c o u n t i n g	RGS			
	VAS			
	SKS			
	JRS			
	FLS			
	DFS			

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.