



LEAVE REQUEST FOR MONTHLY PAID EMPLOYEES

TRS Location Code

EMPLOYEE 1. Use a separate form for each position or workweek (see *Notice 5620, Pay Schedules*, for relevant dates of workweeks and pay periods).
INSTRUCTIONS: 2. Employees paid monthly should submit time sheets for the current workweek by close of business on Friday of the current workweek. For the last week in the month, employees paid monthly should submit leave request by the last business day of the current month.

TRS LOCATION 1. Every effort should be made, by the time and attendance (T&A) processor, to report T&A in the system on a daily basis.
INSTRUCTIONS: 2. This form must be signed by the employee and program manager or administrative designee, and kept on file at the work location for five years.
 3. A copy should be returned to the employee.

Employee Name (Please Print--First, MI, Last)	Position or Title	Employee Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR
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Minutes to Hundredths Table 15 Minutes=.25 30 Minutes=.50 45 Minutes=.75	Attendance Codes LA = Annual Leave LD = Administrative Leave LP = Personal Leave LW = Leave Without Pay LF = FMLA Leave LI = Job Related Injury LS = Sick Leave (Self) LY = Sick Leave (Family)	Last Four Digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Workweek Days (MM/DD)	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Employee Signature	Time and Attendance Processor Name
Date	Program Manager or Administrative Designee Signature	Title

FS 73-43 (8/09) Group 5 Monthly Paid - Less than 12 Month Employees and Group 07 Monthly Paid - 12 Month Employees
 Distribution: Original - T & A Reporting Location; Copy - Employee
 ORIGINAL REQUIRED



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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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