SOUTHEASTERN LOUISIANA UNIVERSITY
HAMMOND, LOUISIANA

) $ & 8 / 7 < $ % 6 (1 & (5 (4 8 (6 7

Period Beginning _____

Ending _____

Department _____

CODE FOR TIME TO BE PAID
% - 6 L F N / H D Y H
$ & 7 $ & 7

CODE FOR TIME NOT TO BE PAID
O - On Leave Without Pay

NAME & EMPLID. #	Faculty/GA Certification * (Initial)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31