

## Southwest Mississippi Community College Monthly Leave Report

Employee: \_\_\_\_\_ ID: \_\_\_\_\_ Month/Year: \_\_\_\_\_

DAY	HOL	PLR	MSR	CTT	ADC	MIL	LOP
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							
<b>Totals</b>							

**Legend**

HOL - Holiday  
 PLR - Personal Leave  
 MSR - Sick Leave  
 CTT - Compensatory Leave  
 ADC - Administrative Leave  
 MIL - Military Duty  
 LOP - Authorized Leave  
       Without Pay

I certify the above hours totaling \_\_\_\_\_ reflect the true number of exception hours taken.

Employee: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_