Pay Period: __________________ 1st to 31st, ___________________  
Month 
Year 
Position

Position Start Time: ________________________  
Position End Time: ________________________

**MONTHLY DECLARATION AND REPORT OF HOURS WORKED AND LEAVE TAKEN**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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</tbody>
</table>

Write Leave Hours Here
Mark Leave Type Here
Example: "S" for Sick Leave

Total Hours  Time & Effort %

<table>
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<tr>
<th>Account Number</th>
<th>17</th>
<th>18</th>
<th>19</th>
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</tbody>
</table>

Write Leave Hours Here
Mark Leave Type Here
Example: "S" for Sick Leave

Certification: I hereby certify that this is a true and correct record of the number of hours worked or leave taken during the stated period stated and that no payment has been received by me on the account thereof.

Employee Signature _______________________________  Date __________________

Supervisor Signature _______________________________  Date __________________

Leave Types: Annual (A), Sick (S), Vacation (V), Emergency (E), Discretionary (D), Bereavement (B), Professional (P), Jury Duty (J), Military (M), Leave without Pay (L), Comp (C)