Military Leave Timesheet

Personnel #		Employee Name	
Agency Code		**Primary Agency Name**	
Division		**Position Title**	

If you are the secondary employer, please check here and enter work schedule below

Work Schedule:_____

Once the secondary employer completes the time sheet, please send it to the HR office of the employee's primary (home) agency for processing.

Date	Day	Leave Type	Start Time	End Time	Number of Hours
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
					Weekly Total
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
					Weekly Total
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
					Weekly Total
					Grand Total

Supervisor Signature		Date	
Human Resources Signature		**Date**	

Please refer to the Military Leave Guidelines and Quick Reference Card for detailed instructions for implementing and keying Military Leave in SCEIS.