3

 **Please total your monthly hours for each column**

**Cambridge College SA/MLA Benefits Hours Used Report )**

As Senior (SA) and Mid Level (MLA) Administrators, you are required to report hours taken . as identified on this form (please see codes below). Please make entries in hours (not days). This form must be submitted every month to the Payroll Office no later than the 10th of the following month, even when no leave has been taken. The signatures required below confirm that all hours reported are accurate and have been mutually agreed to by the staff member and his/her direct supervisor.

Employee Name: Department:

Month:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | **Vacation taken** | **Sick****taken** | **Holiday** | **Other; please use Reason Code** |
| **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** |   |  |  |  |
|  |   |   |   |  |

**14**neral Leave, **JURY**-Jury Duty, **LOA**-Leave of Absence

**1 WORK DAY = 7 hours**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Supervisor’s Signature