



# Monthly Time Activity and Authorized Leave Form

Print Name \_\_\_\_\_

Month - Year \_\_\_\_\_ ACE ID \_\_\_\_\_

**Select appropriate time code from the drop-down boxes on the left. Please be mindful to record time accurately.**

Use the Remarks section, if necessary. For medical leave, please denote details (Major Medical, Death in Family, etc) in the Remarks section.

Total	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>Daily Totals</b>																															

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

Signature of Supervisor: \_\_\_\_\_