



Monthly Time Activity and Authorized Leave Form

Print Name

Month - Year ACE ID

CT balance bought forward from previous month		
CT earned this month		
CT taken this month		
CT balance to be carried forward to next month		

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
Daily Totals																															

Remarks:

Date:
mm/dd/yyyy

Signature of Employee:

Date:
mm/dd/yyyy

Signature of Supervisor: