Updated: 9/27/2017

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
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Daily Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Remarks:

Date: _____ mm/dd/yyyy

Signature of Employee: _____

Date: _____ mm/dd/yyyy

Signature of Supervisor: _____

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