The University of Oklahoma Monthly Certification Record (updated 11-10-03)

Last Name:	First Name:	MI:	EMPLID:	FTE:

Department :	Acct Number / Object Code (0000000-0000):	Month Ending (MM/DD/YY):

Day / Date (Example: Tuesday / 31)	ADL Admin Leave	CLA Class Hours	XSL Extended Sick Leave	PFM FMLA W/ Pay	UFM FMLA W/O Pay	HLD Holiday Hours	JUR Jury Leave	MLT Military Leave	OJI On-the-Job Injury	SPL Paid Leave Scheduled	TPM Term. Paid Leave
TOTALS											

Comments:

Employee's Signature - By signing this document, I certify that the hours recorded above represent my true status for the period shown.	
	Date:

Supervisor's Signature - By signing this document, I certify that the hours recorded above are true and correct.	
	Date: