The University of Oklahoma Monthly Certification Record (updated 05-01-03)

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

Department : ACASBIOS	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: