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

Last Name:	First Name:						MI:	EM	PLID:	FTE:			
Department :	Acct Number / Object Code (000000-0000):						Month Ending (MM/DD/YY):						
Day / Date (Example: Tuesday / 31)	ADL Admin Leave	CLA Class Hours	XSL Extended Sick Leave	PFM FMLA W/ Pay	UF FM W/O	M LA 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.

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

Date: