

FULL-TIME EXEMPT STAFF MONTHLY LEAVE REPORT



Leave Reports must be signed by employee and supervisor and all information must be completed before leave will be processed. PRINT LEGIBLY. Please see Full Time Pay Calendar for submission deadlines. SUPERVISORS MUST SUBMIT LEAVE REPORTS TO THE PAYROLL OFFICE.

NAME (Print legibly)	(Last)	(First)	EMPLOYEE ID (See paystub)
DEPARTMENT/SUPERVISOR		FUND	ORG CODE
POSITION CODE-SUFFIX (XX0000-00)		JOB TITLE	HOURS/MONTHS

LEAVE REPORT FOR MONTH/YEAR OF _____

PLEASE CHECK IF NO LEAVE WAS TAKEN

CODES: V=Vacation S=Sick B=Bereavement JD=Jury Duty WC=Work Comp D=Disability P=Personal LWP=Leave Without Pay SSL=Supplemental Sick Leave H=Holiday

DATE	HOURS TAKEN	CODE	DATE	HOURS TAKEN	CODE
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

Vacation Hours Taken:

Sick Hours Taken:

Personal Hours Taken:

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____