

Print Name:

Employee #:



All Unclassified Staff must complete this Monthly Leave Report and distribute as indicated below by the 5th of the following month.

UNCLASSIFIED STAFF LEAVE REPORT

To: **Human Resources**

Except for those absences noted below, chargeable to vacation, sick leave, or holiday compensatory time, I have not been absent for the month of: 20

VACATION LEAVE (Calendar Year and College Year Appointments Only)

Number of days taken

Date(s)

SICK LEAVE (Academic, Calendar Year, and College Year Appointments)

Employee

Family (limited to 15 days per contract year)

Number of days taken

Number of days taken

Date(s)

Date(s)

HOLIDAY COMPENSATORY TIME USED (Calendar Year and College Year Appointments Only)

Number of days taken

Date(s)

Record of Holiday(s) worked during month
Calendar Year and College Year Appointments Only

Number of Holiday(s) Worked

Date(s)

Notes: Record partial days as .25, .50, .75

Leave for personal reasons should be charged to Vacation Credits or Holiday Compensatory time.

Academic Year Personnel do not accrue Vacation Credits or Holiday Compensatory time.

Academic Year Personnel accrue sick leave only during the period of their Professional Obligation.

College Year Personnel accrue leave credits only during the period of their Professional Obligation.

Signature: _____

Department:

Date: