

MANUAL LEAVE REPORT

(for Faculty/Staff employees with leave benefits)

NAME: _____ ID#: _____

Please print last, first

DEPARTMENT: _____ ROSTER ORGN: _____

REPORTING PERIOD: FROM _____ THROUGH _____

Day of Month	Vacation (133)	Holiday (132)	Sick Leave(135)	Family Sick(136)	Bereavement(138)	Other: _____
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Totals						

I CERTIFY THAT THE TIME LISTED ABOVE IS TRUE AND ACCURATE

Employee Signature : _____

Date: _____

Supervisor Signature: _____

Date: _____