

MONTHLY LEAVE REPORT:

Please print this form off on GOLD paper

NAME OF EMPLOYEE:

(Please Print Or Type)

Month Of

20

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	Comments:			

Please write in number of hours on appropriate date, indicate type of leave, & circle the date.

VACATION LEAVE : VL
SICK LEAVE : SL
OTHER LEAVE : OL

TOTAL FOR MONTH:

Vacation Leave	Hours
Sick Leave	Hours
Other Leave	Hours

Employee's Signature	Date
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Approved:

Department Head/Supervisor's Signature	Date
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1. All employees exempt from using bi-weekly time sheets/time cards are required to complete this form if they are absent during the month.
2. Supervisors are required to assure that this report is completed for each absence & turned in to the Human Resources Office.
3. This report shall constitute the official record of leave taken for a given month.