

# Waisman Center

## EMPLOYEE IN TRAINING - SICK & VACATION LEAVE REPORT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

LEAVE REPORT FOR: \_\_\_\_\_, 20\_\_

Instructions for Reporting Leave
1. If no leave time is used, enter 0 in the Total Hours row.
2. See chart to the right for leave reporting instructions.
3. Complete, sign, date, and return leave report to the Business Office (rm 202) by: the 1 <sup>st</sup> Friday of each month.
4. A leave report must be submitted each month, regardless of whether any leave was taken.

Percent	Time Used	Time Reported
Part Time	Any Amount	Actual Hours
Full Time	Less than 2 hours	0 hours
Full Time	2-6 hours	4 hours
Full Time	>6 hours	8 hours

	Prior Balance	- Used _____, 20____ (current month)	= Balance For _____, 20____ (next month)
<b>Vacation Hours</b>	#            hours	#            hours	#            hours
<b>Sick Leave Hours</b>	#            hours	#            hours	#            hours

	Vacation Hours Used	Sick Leave Used		Vacation Hours Used	Sick Leave Used
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		
	TOTAL HOURS				

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date