



# Faculty and Unclassified Leave Report

TO: PAYROLL OFFICE

LEAVE FOR:

FROM: \_\_\_\_\_  
 Name

\_\_\_\_\_  
 Month Year

\_\_\_\_\_  
 Employee ID Number

\_\_\_\_\_  
 Department

| DAY | ANNUAL | SICK | OTHER | LWOP | REMARKS |
|-----|--------|------|-------|------|---------|
| 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  |        |      |       |      |         |

I understand that leave may not be advanced (PM-20) and that leave taken in excess of available balances will result in a reduction in pay.

\_\_\_\_\_  
 Employee Date

\_\_\_\_\_  
 Department Head Date

INSTRUCTIONS: Enter the number of hours taken under the appropriate leave type for the calendar day(s) and obtain all signatures. Forward to the Payroll Office immediately upon return from leave. DO NOT HOLD FORM FOR THE ENTIRE MONTH. You may use multiple forms for the same month if there are several instances of leave during the month. Please call the Payroll Office at 55251 if you have any questions.