# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

U ID# : epartment: lonth of:	- -	January, 2010	6			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Suriday	Ivioriday	ruesuay	vveuriesday	Thursday	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						
eave, AL=Ad		eave, JD=Jury	H=Holiday, WC= y Duty, BV=Bero month.			
Ē	Employee's Si	gnature				
<del>(</del>	APPROVED: Supervisor's S (Supervisor: month.)	ignature Please retur	n all Leave Rep	oorts to Pay	roll by the 5	5 <sup>th</sup> of each

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
	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					

☐ I did not take any time off this month.

Certified True and Correct:

Employee's Signature

APPROVED:
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each

Please indicate the type of leave taken by the use of the letters given in the key above. If you have taken less than a full day of leave, please indicate this by the use of the letter and a number. As an example, if you were sick four hours on Friday, use S-4. If you were out the whole day just use an S to indicate that you were out the whole day. When no time has been taken, please check the box above the signature lines. Please sign your name and forward this form to your supervisor. PLEASE RETURN THIS LEAVE REPORT (EVERY MONTH) TO THERESA KNESEK - PAYROLL - BUSINESS OFFICE.

month.)

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
		1	2	3	4	5
5	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		

APPROVED:

Supervisor's Signature

Employee's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each month.)

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda 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

APPROVED:

Supervisor's Signature

Employee's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each month.)

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

mployee Na SU ID# :	ame:			-		
Department:  Month of:	Ī	May, 2016		_		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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				
eave, AL=A		eave, JD=Jur	H=Holiday, WC= y Duty, BV=Ber			
	did fiot take aff	y time on this	monui.			
	Certified True	and Correct:				
	Employee's S	ignature				

Supervisor's Signature (Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each month.)

Please indicate the type of leave taken by the use of the letters given in the key above. If you have taken less than a full day of leave, please indicate this by the use of the letter and a number. As an example, if you were sick four hours on Friday, use S-4. If you were out the whole day just use an S to indicate that you were out the whole day. When no time has been taken, please check the box above the signature lines. Please sign your name and forward this form to your supervisor. PLEASE RETURN THIS LEAVE REPORT (EVERY MONTH) TO THERESA KNESEK - PAYROLL - BUSINESS OFFICE.

APPROVED:

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

mployee N U ID# : epartment	-			- -		
lonth of:		June, 2016		_		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			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		
eave, AL=	V=Vacation, S= Administrative L did not take an	eave, JD=Jur	y Duty, BV=Ber			
	Certified True	and Correct:				
	Employee's Si	gnature				

Supervisor's Signature (Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each month.)

Please indicate the type of leave taken by the use of the letters given in the key above. If you have taken less than a full day of leave, please indicate this by the use of the letter and a number. As an example, if you were sick four hours on Friday, use S-4. If you were out the whole day just use an S to indicate that you were out the whole day. When no time has been taken, please check the box above the signature lines. Please sign your name and forward this form to your supervisor. PLEASE RETURN THIS LEAVE REPORT (EVERY MONTH) TO THERESA KNESEK - PAYROLL - BUSINESS OFFICE.

APPROVED:

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

U ID# : epartment: lonth of:	- -	July, 2016		_		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					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						
eave, AL=Ad		eave, JD=Jury	H=Holiday, WC= y Duty, BV=Bero month.			
<u>.</u>	APPROVED: Supervisor's S	ignature	n all Leave Rep	oorts to Pay	- vroll by the 5	o <sup>th</sup> of each

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

month.)

onth of:	,	August, 2016				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
	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			

eave, AL=Administrative Leave, JD=Jury Duty, BV=Bereavement Leave, O=Other

I did not take any time off this month.

Certified True and Correct:

Employee's Signature

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

partment: nth of:		September, 2	016			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
1	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	
Key: V:	=Vacation, S=	=Sick Leave, F	H=Holiday, WC=	=Work Comp	, FMLA=Fam	

Supervisor's Signature (Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each month.)

Employee's Signature

APPROVED:

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

SU ID# : Department: Month of:	- (	October, 2016	6	<del>_</del>		
		·		_		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						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					
eave, AL=Ad		eave, JD=Jury y time off this and Correct:	H=Holiday, WC= y Duty, BV=Berd month.			
(	APPROVED: Supervisor's S Supervisor: nonth.)	ignature Please retur	n all Leave Rep	ports to Pay	- vroll by the 5	5 <sup>th</sup> of each

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
		1	2	3	4	5
3	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
Key: V=	=Vacation, S=	-Sick Leave, I	H=Holiday, WC= y Duty, BV=Bero	•		-

APPROVED:
Supervisor's Signature

Employee's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5<sup>th</sup> of each month.)

# EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name:

U ID# : epartment: onth of:	Ī	December, 20	016			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24

•	V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Administrative Leave, JD=Jury Duty, BV=Bereavement Leave, O=Other
	I did not take any time off this month.
	Certified True and Correct:
	Employee's Signature
	APPROVED: Supervisor's Signature (Supervisor: Please return all Leave Reports to Payroll by the 5 <sup>th</sup> of each month.)