SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
SU ID# : _____
Department: _____
Month of: January, 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						

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# :   _____

Department: _____

Month of: February, 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					

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# : _____

Department: _____

Month of: March, 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		

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
SU ID# : _____
Department: _____
Month of: April, 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

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# : _____

Department: _____

Month of: 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				

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# : _____

Department: _____

Month 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		

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
SU ID# : _____
Department: _____
Month 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						

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
SU ID# :   _____
Department: _____
Month of: August, 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			

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# :   _____

Department: _____

Month of: September, 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	

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____
SU ID# :   _____
Department: _____
Month of: October, 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					

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____
Supervisor's Signature
(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# :   _____

Department: _____

Month of: November, 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			

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**

SOUTHWESTERN UNIVERSITY

EXEMPT EMPLOYEE MONTHLY LEAVE REPORT

Employee Name: _____

SU ID# :   _____

Department: _____

Month of: December, 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

Key: V=Vacation, S=Sick Leave, H=Holiday, WC=Work Comp, FMLA=Family Medical Leave, 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

APPROVED:_____

Supervisor's Signature

(Supervisor: Please return all Leave Reports to Payroll by the 5th 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.**