

# LEAVE REPORT - EXEMPT EMPLOYEE

Employee Name	
Employee ID #	
Pay Period	

Please forward the completed form to Human Resources in St. Mary's Room 304, +1649

Leave Type	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th		Total Used
Vacation																	0
Sick/Sal Cont																	0
FMLA Vacation																	0
FMLA Sick/Sal Cont																	0
<b>Total Hours</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leave Type	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st	Total Used
Vacation																	0
Sick/Sal Cont																	0
FMLA Vacation																	0
FMLA Sick/Sal Cont																	0
<b>Total Hours</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

\_\_\_\_\_  
Supervisor Signature - **MANDATORY** Date

\_\_\_\_\_  
VP/Dean Signature - **MANDATORY** Date

Signatures above are **MANDATORY**. Leave Reports without **ALL** signatures will be returned.