

Sick Leave Report for 08/16/12 -05/15/13

Name: _____

UIN: _____

***Please record leave in half- or full-day increments.** Absences in increments less than half days should not be charged against leave balances. (For approved FMLA, record leave used to quarters of an hour).

*Use **S** to indicate Sick leave and **FH** for Floating Holiday taken. Employees receive 2 Floating Holidays per fiscal year (July 1, 2012 through June 30, 2013).

*Return complete, signed forms to Summer Curry, 333 Psychology (MC-716) by **Friday, May 17, 2013.**

DO NOT WRITE IN SHADED AREAS

W=Weekend

H=Holiday

Day	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1		W			W	H				
2		W			W		W	W		
3		H		W			W	W		
4				W						W
5						W				W
6			W			W			W	
7			W						W	
8		W			W					
9		W			W		W	W		
10				W			W	W		
11				W						W
12						W				W
13			W			W			W	
14			W						W	
15		W			W					
16		W			W		W	W		
17				W			W	W		
18	W			W						
19	W					W				
20			W			W			W	
21			W			H			W	
22		W		H	W					
23		W		H	W		W	W		
24				W	H		W	W		
25	W			W	H					
26	W				H	W				
27		W				W			W	
28		W							W	
29			W		W					
30			W		W			W		
31								W		

Shared Benefits donation in this reporting period: _____

Total Sick Hours Used: _____

Employee
Signature _____

Supervisor
Signature _____