

## FACULTY AND EXEMPT EMPLOYEE REPORT OF LEAVE TAKEN

Employee Name:

Social Security Number:

Department Number:

### Type of Leave Taken

	Actual Date(s) of Leave	Total Number of Hours
VACATION LEAVE		
SICK LEAVE		
OTHER LEAVE		

Employee Signature

Date

Supervisor Signature

Date

**Supervisor Verification:** I hereby verify that this time truly represents the leave hours taken by the employee. I understand that if this employee's wages are charged to a federal grant or contract, the university is using this information to verify to the Federal Government the time and effort of this employee during the time period specified on the project whose number is listed on this card.

**PLEASE FORWARD TO THE DIVISION OF HUMAN RESOURCES**

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