

ADMINISTRATIVE/PROFESSIONAL LEAVE REPORT

Name: _____ Campus ID: _____

Department: _____

Leave taken for the month of _____ 20 _____

Indicate hours for each type of leave taken:

_____ Hours - Annual Leave _____ Hours- Sick Leave

_____ Hours - Other (Please specify): _____

I certify that the above hours are a true and accurate record of leave taken for the period indicated.

Date: _____ Signed: _____
Mo./ Day / Year Employee

Attest: _____
Department Head/Vice President

Submit all copies to your Department Head or Vice-President on the last working day of each month. A report **must** be furnished each month, even if no leave was taken.