

Employee Leave Report

Name: _____

Department: _____ Department Number: _____

Sick Leave: *

Date(s) Absent	Total Hours Absent
_____	_____

Nature of illness: (Dr. appointment, sick child, personal illness, etc.)

Miscellaneous Paid Leave: **

Date(s) Absent	Total Hours Absent
_____	_____

Reason for Leave: (If funeral, give relationship of family member)

Employee Signature

Employee Supervisor Signature

Date

Employee Leave Report should be attached to Departmental Monthly Absence Report

* **Note:** Employees must report any absence due to sickness. **If absent more than three days, a doctor's statement must be attached.**

** **Note:** For Miscellaneous Paid Leave other than funeral, prior approval must be given by Department Head.