

NAME: _____

DEPT: _____

LEAVE STATEMENT

Thru _____ pay period

MAJOR DEPT: _____

TITLE: _____

APPT ID: _____

TYPE: _____

PAYROLL %: _____

PAY BASIS: _____

----- HOURS -----						
	! PRIOR BALANCE !	EARNED !	USED !	ADJUSTMENTS !	ENDING BALANCE !	!
	! AS OF _____ !					!
VACATION	!	!	!	!	!	!
SICK LV	!	!	!	!	!	!
FLOAT HOL	!	!	!	!	!	!
ALRA LV	!	!	!	!	!	!

MESSAGES

I UNDERSTAND MY OBLIGATION TO PROVIDE MEDICAL CERTIFICATION FOR SICK LEAVE USED FOR MORE THAN 5 CONSECUTIVE FULL WORK DAYS.

UW - Madison

Leave report for _____ (Month) _____ (Year)

NAME: _____

APPT ID: _____

TITLE: _____

PAYROLL %: _____

Report amount of leave used in HOURS. If no leave was used, please enter zero in the Total Hours row.

	VACN	SK LV	F HOL	ALRA	CO COV		VACN	SK LV	F HOL	ALRA	CO COV
1	_____	_____	_____	_____	_____	17	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	18	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	19	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	20	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	21	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	22	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	23	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	24	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	25	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	26	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	27	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	28	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	29	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	30	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	31	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____		_____	_____	_____	_____	_____
						Total Hours	_____	_____	_____	_____	_____

I certify that my leave report is accurate. I understand that misrepresentation can lead to disciplinary action.

Employee Signature date

Supervisor Signature date

RETURN BOTTOM PORTION BY _____ TO: _____