

2017 Summer Session/Service Leave Report

Name	Employee ID
Department	Payroll %

Instructions:

1. If you do not use any leave time for a given month, enter zero (0) in the Total Hours row.
2. Report sick leave in actual hours used by date.
3. Sign, date, and submit your report to your approving authority by **September 2, 2017**.

You must submit this leave report for the summer, even if no leave time was taken. **Failure to submit a summer leave report on a timely basis will result in a reduction to your sick leave accrual.** University policy requires that you provide medical certification for sick leave used for more than five consecutive full work days, except when the use of sick leave is authorized in advance. Sick leave must be reported for absences during a designated 40-hour week. If no week is designated, it defaults to the standard state work week. It is important to note this "standard work week" exists only for the purpose of reporting sick leave.

Please record your actual sick leave hours by date during your summer employment.

Date	June	July	August
1	Th	Sa	Tu
2	Fr	Su	We
3	Sa	Mo	Th
4	Su	Tu	Fr
5	Mo	We	Sa
6	Tu	Th	Su
7	We	Fr	Mo
8	Th	Sa	Tu
9	Fr	Su	We
10	Sa	Mo	Th
11	Su	Tu	Fr
12	Mo	We	Sa
13	Tu	Th	Su
14	We	Fr	Mo
15	Th	Sa	Tu
16	Fr	Su	We
17	Sa	Mo	Th
18	Su	Tu	Fr
19	Mo	We	Sa
20	Tu	Th	Su
21	We	Fr	Mo
22	Th	Sa	Tu
23	Fr	Su	We
24	Sa	Mo	Th
25	Su	Tu	Fr
26	Mo	We	Sa
27	Tu	Th	Su
28	We	Fr	Mo
29	Th	Sa	Tu
30	Fr	Su	We
31		Mo	Th
Total Hours			

Employee Signature: I certify that my leave report is accurate. I understand that misrepresentation can lead to disciplinary action.	Date
Supervisor / Approving Authority Signature: I confirm the accuracy of the leave report.	Date