

University of Wisconsin
LEAVE REPORT

| | | | | | |
|---|--|----------|--|---|---|
| Name | | Title | | Leave Report For JULY 2009 | |
| Department | | | | Type LIMITED | |
| Person ID | | Annot ID | | Payroll % 100.0 | |
| | | | | Pay Basis 12 MONTH | |
| Instructions for Reporting Leave 1. If no leave time used, enter 0 in the Total Hours Row. 2. See chart to the right for reporting requirements. 3. Sign, date, and return leave report to approving authority by 08/04/09 | | | | Percent Part Time Full Time Full Time Full Time | Time Used Any amount Less than 2 hrs 2-6 hours > 6 hours |
| | | | | Time Reported Actual hours 0 hours 4 hours 8 hours | |

Regent policy: A leave report must be submitted each month, regardless of whether any leave was taken. **Failure to submit leave reports on a timely basis will result in a reduction to your sick leave accrual.** Regent 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.

Regent policy/state law: 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. Refer to www.uwsa.edu/hr/benefits/leave/40hrweekrationale.pdf for more detailed information.

| DATE | VACATION | SICK LEAVE | PERS/FLOAT | | | |
|--------------------|-----------|------------|------------|--|--|--|
| *HOLIDAY | | | | | | |
| WED JUL 01, 2009 | | | | | | |
| THU JUL 02, 2009 | | | | | | |
| FRI JUL 03, 2009 | | | | | | |
| *SAT JUL 04, 2009 | | | | | | |
| SUN JUL 05, 2009 | | | | | | |
| MON JUL 06, 2009 | | | | | | |
| TUE JUL 07, 2009 | 4 | | | | | |
| WED JUL 08, 2009 | 8 | | | | | |
| THU JUL 09, 2009 | | | | | | |
| FRI JUL 10, 2009 | | | | | | |
| SAT JUL 11, 2009 | | | | | | |
| SUN JUL 12, 2009 | | | | | | |
| MON JUL 13, 2009 | | | | | | |
| TUE JUL 14, 2009 | | | | | | |
| WED JUL 15, 2009 | | | | | | |
| THU JUL 16, 2009 | | | | | | |
| FRI JUL 17, 2009 | | | | | | |
| SAT JUL 18, 2009 | | | | | | |
| SUN JUL 19, 2009 | | | | | | |
| MON JUL 20, 2009 | | | | | | |
| TUE JUL 21, 2009 | | | | | | |
| WED JUL 22, 2009 | | | | | | |
| THU JUL 23, 2009 | | | | | | |
| FRI JUL 24, 2009 | | | | | | |
| SAT JUL 25, 2009 | | | | | | |
| SUN JUL 26, 2009 | | | | | | |
| MON JUL 27, 2009 | | | | | | |
| TUE JUL 28, 2009 | | | | | | |
| WED JUL 29, 2009 | | | | | | |
| THU JUL 30, 2009 | | | | | | |
| FRI JUL 31, 2009 | | | | | | |
| TOTAL HOURS | 20 | | | | | |

CHECK HERE IF YOU REPORTED VACATION, PERSONAL HOLIDAY, FLOATING HOLIDAY,
OR ALRA FOR ANY TIME FOR WHICH YOU COULD HAVE USED SICK LEAVE

| | |
|---|-----------------------|
| Employee Signature: I certify that my leave report is accurate. I understand that misrepresentation can lead to disciplinary action. | Date 8/3/09 |
| Supervisor /Approving Authority Signature: I confirm the accuracy of the leave report. | Date |