Full-Time Exempt Staff Monthly Leave Report

SHATTUCK-ST.MARY'S

Leave Reports must be signed by employee and supervisor and all information must be completed before leave will be processed. PRINT LEGIBLY. Please see Full Time Pay Calendar for submission deadlines. SUPERVISORS MUST SUBMIT LEAVE REPORTS TO THE HUMAN RESOURCES OFFICE.

_____

Name –Please Print

_____

Department

LEAVE REPORT FOR MONTH/YEAR OF _____

☐ Please Check if no leave was taken.

CODES: V=Vacation S=Sick B=Bereavement JD=Jury Duty WC=Work Comp D=Disability LWP=Leave Without Pay H=Holiday

Date	Hours Taken	Code	Date	Hours Taken	Code
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

Vacation Hours Taken:	
Sick Hours Taken:	
Personal Hours Taken:	

_____

EMPLOYEE SIGNATURE DATE

_____

SUPERVISOR SIGNATURE DATE