

**THE UNIVERSITY OF TULSA
LEAVE REPORT FOR ADMINISTRATIVE/PROFESSIONAL EMPLOYEES**

Employees must complete this form on a monthly basis and submit it to their supervisor by the end of the month. Record "0" if no vacation/sick days were taken during the month. This form is due in the Office of Human Resources by the 5th of the following month. (Please refer to the bottom of this form for an example of the completed leave report form).

Employee Name (Last) _____ (First) _____	TU ID number _____
Department _____	For the Month/Year of: _____

<u>TYPE OF LEAVE</u>	<u>NUMBER OF DAYS</u>	<u>DATE(S) LEAVE TAKEN</u>
<input type="checkbox"/> Vacation	_____	_____
<input type="checkbox"/> Vacation Carry Over	_____	_____
<input type="checkbox"/> Sick	_____	_____
<input type="checkbox"/> Floating Holiday	_____	_____
<input type="checkbox"/> Funeral Leave (please specify relationship): _____	_____	_____
<input type="checkbox"/> Military	_____	_____
<input type="checkbox"/> Jury Duty	_____	_____
<input type="checkbox"/> Other (please specify): _____	_____	_____

I certify that the information recorded is a correct statement of the leave taken during the month indicated.

Employee's Signature: _____

Ext.: _____

Date: _____

I have reviewed the leave report and certify that the report is accurate as shown.

Supervisor's Signature: _____

Ext.: _____

Date: _____

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Employee Name (Last)	(First)	TU ID number
Doe	John	1234567
Department		For the Month/Year of:
Human Resources		Sep-08

<u>TYPE OF LEAVE</u>	<u>NUMBER OF DAYS</u>	<u>DATE(S) LEAVE TAKEN</u>
<input checked="" type="checkbox"/> Vacation	3.5	6/6 (1/2), 6/9 - 6/11
<input checked="" type="checkbox"/> Vacation Carry Over	1.50	6/25 (1/2), 6/26
<input type="checkbox"/> Sick		
<input type="checkbox"/> Floating Holiday		
<input checked="" type="checkbox"/> Funeral Leave (please specify relationship): <div style="text-align: right; margin-left: 20px;"><u>Father-in-law</u></div>	3	6/12 - 6/14
<input type="checkbox"/> Military		
<input checked="" type="checkbox"/> Jury Duty	5	6/16 - 6/20
<input type="checkbox"/> Other (please specify): <div style="text-align: right; margin-left: 20px;">_____</div>		

I certify that the information recorded is a correct statement of the leave taken during the month indicated.

Employee's Signature:	Ext.:	Date:
<u>John Doe</u>	<u>5304</u>	<u>6/30/2002</u>

I have reviewed the leave report and certify that the report is accurate as shown.

Supervisor's Signature:	Ext.:	Date:
<u>Jane Smith</u>	<u>5305</u>	<u>7/1/2002</u>