SICK/VACATION LEAVE RECORD

Instructions: Use this form to record any sick or vacation absences. Send completed form to Personnel Services by the fifth of the month if sick or vacation time was taken during the prior month.

Absences for the month of	
I.D. Number	Employee Name
SICK	LEAVE
Dates	
Total Sick Hours Utilized (1 day = 8 hours)	
VACATI	ON LEAVE
Dates	
Total Vacation Hours Utilized (1 day = 8 hours)
To the best of my knowledge and belief this sta	tement is correct and complete.
Employee's Signature	_
Approved By:	
Supervisor's Signature	_