

Teaching and Research Faculty Record of Leave Usage

Name: _____
(Print)

I was or will be absent beginning: _____ to
Month Day Year

_____ totaling _____ hours
Month Day Year (.5, 1, 1.5 etc)

Sick Leave

- Family Sick Leave
- Family Personal Leave
- Family & Medical Leave (FMLA)
- Family & Medical Leave (FMLA)

Other Leave

Type (annual, administrative, etc.) _____

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Signature

Date

Mail completed form to: Department of Human Resources, P.O. Box 6889