



**PAT/ PA/ FISCAL FACULTY RECORD OF LEAVE**

Name

Department

Number of Days Taken (Minimum of 1\2 days)

Actual Dates (Indicate 1 or 1/2 day)

**Reason**      *Check one - Please complete separate sheet for each type of leave used.*

- Personal Time                  Jury Duty                  Military                  Leave without Pay
- Parental Leave              Sick Time (Employee)      Family Care
- Bereavement Relationship

Employee Signature

Date

Supervisor Signature

Date



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