

# Faculty and Graduate Assistant Leave Report

TO: HUMAN RESOURCES

MONTH ENDING: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**ALL FACULTY/GRADUATE LEAVE REPORTS ARE DUE BY THE 7<sup>th</sup> OF EACH MONTH**

The following faculty used sick leave **OR** the following graduate assistant did not work the required number of hours during the above referenced month:

NAME	Last 4 SSN	Hours Used/Missed	FMLA/Y or N	Date(s)	Faculty/Grad
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I certify that the information set out above is true and correct.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_