For every absence, indicate type of leave code (AL-Annual Leave, SL-Sick Leave, UH-Unscheduled Holiday, JD-Jury Duty, BL-Bereavement Leave) in the shaded box. In the unshaded box, indicate the corresponding number of hours. If there were no absences taken by an employee, please write ‘NONE’ in that row.

| NAME** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

**PLEASE PRINT/TYPEx EACH LAST NAME, FIRST INITIAL.**

Report sick leave from the first day of absences and include all additional calendar days (exclusive of Saturdays, Sundays, official holidays and recesses) until the employee returns to work. Absences of five or more days require medical documentation.

Completed time reports must be printed, signed and returned to Human Resources, Box D-0202 no later than seven days after the end of each month.

Prepared by: ________________________________ Submitted by: __________________________ Date: ________________________

Department Chairperson/Unit Supervisor