

Salaried Exempt Unclassified Employee Leave Record

(Exempt from Overtime Eligibility)

NameÁjúl^æ^Át]^D Employe 940							loyee ID No.:				Department:								N	Month/Year:												
						L	eave	Tak	en (Hour	s pe	r da	y) – i	if no	leav	re ta	ken,	sub	mit v	with :	zero	s in	Tota	ıl col	lumn)						
Calendar Days	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	Total
Sick Taken																																
Vacation Taken																																
Holiday Taken																																
Furlough Taken																																
Governor's Day*																																
Jury Duty																																
Bereavement																																
LWOP – notify payroll by 15 th of the month																																
Other (indicate**)																																
*Governor's Day-special leave day given annually at the Governor's discretion with guidelines on usage **Indicate "Other"-list paid time away from campus (date, hours): e.g. 3/15-3/17-24 hrs Banner summit conference							Employee's Signature: Date:																									
						Su	Supervisor's Signature:									Date:																
Submit a	onro	ved	leav	ve re	ecor	rd to	the					Fo	r Pay	yroll (Use (Only:	Fin	al Ba	lance	е	SIC	CK			VA	CAT	ION			COM	MEN	TS

Submit approved leave record to the Payroll Services Dept, Churchill Hall, 2 days after the last business day of the month.

Refer to: OAR 580-021-0030 Vacations (12-month, 0.50 FTE or greater)
OAR 580-021-0040 Sick Leave Plan for Academic Personnel
(0.50 FTE or greater)

For Payroll Use Only: Final Balar	nce SICK	VACATION	COMMENTS
Beginning Balance			
Hours Accrued			
Hours Taken			
Final Balance			