



Report of Leave for Exempt Employees

Name (Last, First, Middle) _____

Department _____ Date _____

Date _____ Absent From: Time _____ AM PM

Date _____ Absent To: Time _____ AM PM

A. Vacation Leave Hours _____

B. Sick Leave Hours _____ Personal Family

C. Excused Leave Without Pay* Hours _____

D. Excused Leave With Pay* Hours _____

Explain reason for leave*/other:

Employee Signature _____ Supervisor Signature _____



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