

NAME:				MONTH:			
LAST FOUR DIGITS OF SOCIAL SECURITY #:					DEPARTMENT:		

DATES ABSENT				DATES CREDITED
ANNUAL LEAVE	SICK LEAVE	HOLIDAY COMPENSATORY*	DRL	HOLIDAY COMPENSATORY TIME**
Total Days:	Total Days:	Total Days:	Total Days:	Total Days:

\* Compensatory days off shall be scheduled at times mutually convenient to the employee and the University within **one year** from the day they are earned.

\*\*Compensatory time is earned for working any of the following holidays: New Year's Day, Martin Luther King Day, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Election Day, Thanksgiving Day, Christmas Day.

**ACCRUAL SUMMARY**

	ANNUAL LEAVE	SICK LEAVE	HOLIDAY COMPENSATORY TIME	DRL
BALANCE: BEGINNING OF MONTH				
TIME USED DURING MONTH				
SUB-TOTAL				
TIME EARNED***				
BALANCE: END OF MONTH				

\*\*\*For employees appointed on or before June 30, 1982, annual and sick leave are credited at the rate of 1<sup>3</sup>/<sub>4</sub> (1.75) days per month, or major portion thereof. For employees appointed on or after July 1, 1982, annual and sick leave are credited based upon the following schedule:

Years of Service	Accrual Rate
0-1 .....	1 <sup>1</sup> / <sub>4</sub> (1.25) days per month
2 .....	1 <sup>1</sup> / <sub>3</sub> (1.33) days per month
3-5 .....	1 <sup>1</sup> / <sub>2</sub> (1.50) days per month
6 .....	1 <sup>2</sup> / <sub>3</sub> (1.66) days per month
7+ .....	1 <sup>3</sup> / <sub>4</sub> (1.75) days per month

Annual leave may not exceed 40 days on January 1 of each year. Sick leave may be accumulated up to 200 days.

I certify that this report accurately records my absences and that I was otherwise present, as required, for the month indicated.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have reviewed this record and find it correct.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_