**MONTHLY LEAVE:**

**NAME OF EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| Month of: |
| --- |
| 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 | Comments: |  |  |  |

**Write in time off (ex: 8-4) on the appropriate date, indicate type of leave (ex: SL), and Circle the date**

**ANNUAL LEAVE: AL SICK LEAVE: SL PERSONAL LEAVE: PL**

**Circle one**

**OTHER LEAVE: OL (\*LWOP, FLEX, Military, Court/Jury, Education) \*Constitutes a reduction in pay**

TOTAL FOR MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

AL \_\_\_\_\_ HOURS Employee Signature Date

SL \_\_\_\_\_ HOURS **APPROVED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

PL \_\_\_\_\_ HOURS Supervisor Signature Date

1. Leave should be reported to supervisor prior to leave (if possible), follow directions above and your supervisor will initial your advanced leave dates (in calendar box) and return form to you.
2. At the end of each month, check your leave dates; add any unexpected leave to your calendar.
3. At the end of each month, turn into your supervisor for final approval signature of all leave.
4. This form should be turned into the Bookkeeping Department by the 5th of the following month.

Date received in accounting: \_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_