

**COLLEGE OF LIFE SCIENCES
ADMINISTRATIVE EMPLOYEES (Only)
Reporting of SICK and VACATION hours used (Monthly)**

EMPLOYEE NAME: _____ (Please Print) REPORTING MONTH/YR: _____ (mmm / yr)

SICK HOURS	
DATE	# of HRS
TOTAL HRS	

VACATION HOURS	
DATE	# of HRS
TOTAL HRS	

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Entered into HR System by: _____ Date: _____
 (This form is to be retained by the person who has entered the above hours into the HR System.)

Instructions:
 Each month, prior to the 5th, please complete this form for hours taken in the previous month and give to your supervisor for review. Then forward it to the person who is responsible for entering your hours into the HR System. Please submit this form even if there are no hours to report.

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