The Graduate School and University Center

INSTRUCTIONAL STAFF MONTHLY TIME REPORT

Program _____ Month _____ Year ____

Submit this report to the Office of Human Resources no later than three days after the end of each month. Please list all full-time members of your department.

To calculate temporary disability leave (sick leave), start from the first day of absence and include all additional calendar days (exclusive of Saturdays, Sundays, Official holidays, and recesses) until the employee's return to work. Absences whether sequential or intermittent that extend beyond five days may be counted towards the Family and Medical Leave Act (FMLA yearly (9/1 - 8/31) allocation of twelve weeks. The absences must be reported to the Personnel Director immediately.

Special leave is used only for emergencies such as death or serious illness of an immediate family member or court proceedings. An Application for Special Purposes must be completed when such leave is requested.

NAME	SICK LEAVE						COMMENTS
	TEMPORARY DISABILITY LEAVE			SPECIAL LEAVE WITH APPROVAL			
	Dates	Total Days	Hours*	Dates	Total days	Hours*	

*If less than full day is used, report number of hours used.

Sign_____