

## Monthly Report of Vacation and Sick Leave

Please check appropriate leave type:

\_\_\_\_ Vacation Leave

\_\_\_\_ Sick Leave

Please indicate X for full days of leave or ½ for partial days of leave.

Month	Year
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__	

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Supervisor's Signature**

Monthly Reports should be signed by the employee and immediate supervisor. To earn vacation days and sick leave for a given month, employees must complete & submit this form to the Business Office by the 15<sup>th</sup> of the following month.

	Beginning Balance	Days Earned	Days Used	Ending Balance
Remaining Sick Leave	_____	_____	_____	_____
Remaining Vacation	_____	_____	_____	_____