

## 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	_____	_____	_____	_____