This form is used to maintain accurate records of vacation, personal days, sick days, etc. taken by exempt Executives and Administrators. The form is to be completed each month and sent to the Office of Human Resources no later than the tenth $\left(10^{\text {th }}\right)$ calendar day of the following month. Each school/ department is to maintain a copy of the completed forms in their files.

Enter the name of each full-time exempt employee. For those who have absences from work, also enter the actual date taken in the appropriate column.

Each employee must sign in the column opposite his/ her name confirming that the dates and information are correct. The appropriate supervisor must sign confirming the accuracy of all of the information. Once the reports are received by the Office of Human Resources no changes or corrections may be made.

## DEPARTMENT

| EMPLOYEE <br> NAME | VACATION <br> DATES | PERSONAL <br> DATES | SICK <br> DATES | OTHER <br> DATES * | REQUIRED EMPLOYEE <br> SIGNATURE |
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Authorized Supervisor's Signature

## Date

* Indicate in this column the dates and the reason as follows:

| CODES |  |
| :--- | :---: |
| JD - Jury Duty | LOA - Leave of Absence |
| BR - Bereavement | STD - Short-term Disability |
| PD - President's Day | AWP - Absent without Pay |

