

## GEORGETOWN UNIVERSITY SALARIED EMPLOYEES LEAVE STATUS REPORT

Department Name: _____	Dept.#: _____	Pay Period Ending: _____
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Use this form to record **all leave** of less than 30 consecutive days duration taken by **ALL** salaried staff employees. For periods of leave over 30 consecutive days, use a LEAVE REQUEST FORM. It is also used to record **FMLA leave taken by ALL salaried employees, including academics.**

**Section I:** Information is system generated. New employees may be added in the blank spaces on last page of print-out.

**Section II:** Timekeeper records **ALL** time away from work in increments of full working days. Accrued leave balances will be adjusted accordingly.

**Section III:** To comply with DC/Federal laws, Timekeeper double records any time away from work attributable to FMLA (paid and unpaid) by hours/days.

These hours **MUST** be recorded in both Sections II and III, even if for increments of less than a day.

I. EMPLOYEE LEAVE DATA					II. LEAVE TAKEN					III. FAMILY/MEDICAL LEAVE TAKEN		
NAME	GUID	ON LEAVE OF ABSENCE	ACCRUED LEAVE		Dates	Paid		Sick	Unpaid	DC		
			Paid	Sick		Sched	Unsched			Med	Fam	Federal

<b>IV. SIGNATURES</b>	
Preparer's Name: _____  Phone: _____  Date: ___/___/___	By signing below, I certify that all salaried employees whose names appear above are active or on a leave of absence. If they are not, I have submitted an EMPLOYEE TERMINATION FORM to terminate them from the payroll.  Signature/Date: _____ / ___/___