

Please Complete Online and Print



Bowling Green State University

MONTHLY LEAVE REPORTING FORM
Full Time 12 Month Faculty

Please Return to Payroll
Once Signed

322 Administration Bldg.

Must be submitted to the Payroll Office by the 5th of each month reported for

Name \_\_\_\_\_ BGSU ID# \_\_\_\_\_

Department \_\_\_\_\_

Reporting Month \_\_\_\_\_ Year \_\_\_\_\_

Actual Dates of Leave

Table with 4 columns: Type of Leave, From (mm/dd/yy), To (mm/dd/yy), Total (hours & decimals). Rows include No Leave Used, Vacation, Sick Leave, Leave without pay, Military Leave, Jury Duty, Other, Maternity/Paternity, Sick Leave, Vacation, Leave without pay.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments\*: [Text Box]

\*This form may be subject to disclosure under ORC 149.43, please do not list any medical details.