

The Catholic University of America
PROFESSIONAL AND ADMINISTRATIVE LEAVE REPORT

Exempt level staff personnel must complete this form monthly, accounting for the total number of hours of leave taken, and submit it to the Payroll Office by the third working day of the following month.

Name: _____

SSN: _____

Month and Year: _____

LEAVE		Enter the number of hours of each type of leave taken under the appropriate days of the month																														Total Hours			
Type	Code	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			
Vac	170																																		0
Sick	180																																		0
Other																																			0
Other																																			0
Other																																			0
Other																																			0

Other types of leave taken should be designated in the above grid by the following CODE numbers:

- | | |
|---|------------------------|
| 240 - Death within immediate family | 250 - Jury Duty |
| 260 - Emergency closing/snow closing | 230 - Military |
| 245 - Funeral of a close friend or relative | 310 - Personal wedding |
| | 420 - Unpaid leave |

No leave, except as reported above, was taken and the hours of leave taken as shown are true and correct to the best of my knowledge and belief.

Employee signature: _____

Date: _____

Supervisor signature: _____

Date: _____