DEPARTMENT OF MEDICINE
MONTHLY LEAVE REPORT – ACADEMIC PERSONNEL

From: February 16, 20 11 to March 15, 20 11

Employee name: _____ Section: _____
(Please print)

Note: Report each type of absence under Benefit Codes in actual *hours* used per day. DO NOT MARK OR OR CHECK IN FIELDS. ENTER ACTUAL HOURS IN NUMBER FORMAT.
Report absence for UIC work hours only.

Hours/Days Absent (UIC only)								Hours/Days Absent (UIC only)							
	BENEFIT CODES								BENEFIT CODES						
Date	V	S	FH	F	J	M	O	Date	V	S	FH	F	J	M	O
16								1							
17								2							
18								3							
19								4							
20								5							
21								6							
22								7							
23								8							
24								9							
25								10							
26								11							
27								12							
28								13							
29								14							
30								15							
31								Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Codes:
V Vacation
S Sick
FH Floating Holiday
F Funeral
J Jury Duty
M Military Leave
O Other: _____

☐ **No Absence**

_____
Employee Signature

_____
Section Chief/Business Manager

_____
Department Head

Employee vacation and sick time usage must be reported each month. If monthly leave reports are missing at the end of the reporting period (8/15), the DOM HR office will assume that all time has been exhausted, resulting in a 0 balance to carry over to the next academic year.

Revised 03/11/2011