VACATION & SICK MONTHLY REPORT

Department: _____

For the Month of: _____   **Year:** _____

Submitted by: _____   **Date Submitted** _____

Staff Name (Last, First Name)	Total # of Vacation Days Taken	Total # of Sick Days Taken	Floating Holidays (3 Days Per Academic Year)	Misc. Days Take (Ex: Jury Duty, Maternity, Bereavement, etc...)

HR Only
Completed by: _____   **Date:** _____