

BANNER ID

 $Note-This\ report\ is\ to\ be\ submitted\ to\ your\ supervisor\ as\ soon\ as\ possible\ after\ the\ last\ day\ of\ each\ month$

FIRST NAME

MONTHLY LEAVE REPORT

FOR MONTH OF:

YEAR

BANNER ID			FIRST NAME						LAST NAME			DEPARTMENT
	be compl	eted by st If day (1/2		nose no	rmal work	week is 35	hours a	nd 7	7 hours p	er day. Tim	e off is to be re	ported in days. Report either
Day of month	Days Taken	Type of Leave		Day of month	Days Taken	Type of Leave	Day mor		Days Taken	Type of Leave	Please total r	number of days taken for each — Record Half Day (1/2) as 0.5
1				12			23				Annual (A)	
2				13			24				7 tillidal (7 t)	
3		1		14			25				Sick (S)	
4				15			26				. ,	
5 6		1		16 17			27 28				Special (SP)	
7				18			29					
8				19			30				Bereavement	: (BR)
9				20			31					
10				21							Overtime (O7	-)
11				22			1					
Day of month	Hours Taken	Type of Leave		Day of month	Hours Taken	Type of Leave	Day	of	Hours Taken	Type of Leave	Please total r	number of hours taken for each
1				12	1 611611	250.75	23		ranon			
2				13			24				Annual (A)	
3				14			25				Sick (S)	
4				15			26				(5)	
5 6		-		16 17			27				Special (SP)	
7		1	\dashv	18			29	\dashv				
8		1	\dashv	19			30	1			Bereavement	(BR)
9				20			31					
10				21						<u> </u>	Overtime (OT)
11				22]					
DATE								EMPLOYEE'S SIGNATURE				
DATE							AUTHORIZED SIGNATURE					
This form i	s confidentia	I. The persor	al infori	mation prov	rided is for lea	ave and attenda	nce manag	emen	t. When this	s form is submitte	ed access is limited to	persons authorized by Carleton University

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