LEAVE RECORD

Employee Name: ________________________________
(PLEASE PRINT)

Month & Year: ________________________________

Days of vacation used this month: _________________

Days of sick leave used this month: _________________

Signed: ______________________________________

Approved: ____________________________________

University of Jamestown

LEAVE RECORD

Employee Name: ________________________________
(PLEASE PRINT)

Month & Year: ________________________________

Days of vacation used this month: _________________

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Signed: ______________________________________

Approved: ____________________________________

University of Jamestown