

University of Wisconsin
LEAVE REPORT

Name EMPLOYEE, LEAVE X		Title SR OUTREACH SPEC		Leave Report For SEPTEMBER 2007	
Department A071300 MSN/AG&LSC/DAIRY RESEARCH,C/DAIRY RESH				Type ACADEMIC STAFF	
Person ID 54545454		Appt ID 65656565		Payroll % 100.0	
				Pay Basis 12 MONTH	
Instructions for Reporting Leave 1. If no leave time used, enter 0 in the Total Hours Row. 2. See chart to the right for reporting requirements. 3. Sign, date, and return leave report to approving authority by 03/04/08				Percent Part Time Full Time Full Time Full Time	Time Used Any amount Less than 2 hrs 2-6 hours > 6 hours
					Time Reported Actual hours 0 hours 4 hours 8 hours

Regent policy: A leave report must be submitted each month, regardless of whether any leave was taken. **Failure to submit leave reports on a timely basis will result in a reduction to your sick leave accrual.** Regent policy requires that you provide medical certification for sick leave used for more than five consecutive full work days, except when the use of sick leave is authorized in advance.

Regent policy/state law: Sick leave must be reported for absences during a designated 40-hour week. If no week is designated, it defaults to the standard state work week. It is important to note this "standard work week" exists only for the purpose of reporting sick leave. Refer to www.uwsa.edu/hr/benefits/leave/40hrweekrationale.pdf for more detailed information.

DATE	VACATION	SICK LEAVE	PERS/FLOAT	ALRA		
*HOLIDAY						
SAT SEP 01, 2007						
SUN SEP 02, 2007						
*MON SEP 03, 2007						
TUE SEP 04, 2007						
WED SEP 05, 2007						
THU SEP 06, 2007						
FRI SEP 07, 2007						
SAT SEP 08, 2007						
SUN SEP 09, 2007						
MON SEP 10, 2007						
TUE SEP 11, 2007						
WED SEP 12, 2007						
THU SEP 13, 2007						
FRI SEP 14, 2007						
SAT SEP 15, 2007						
SUN SEP 16, 2007						
MON SEP 17, 2007						
TUE SEP 18, 2007						
WED SEP 19, 2007						
THU SEP 20, 2007						
FRI SEP 21, 2007						
SAT SEP 22, 2007						
SUN SEP 23, 2007						
MON SEP 24, 2007						
TUE SEP 25, 2007						
WED SEP 26, 2007						
THU SEP 27, 2007						
FRI SEP 28, 2007						
SAT SEP 29, 2007						
SUN SEP 30, 2007						
TOTAL HOURS						

CHECK IF YOU REPORTED VACATION, PERSONAL HOLIDAY, FLOATING HOLIDAY,
OR ALRA FOR ANY TIME FOR WHICH YOU COULD HAVE USED SICK LEAVE

Employee Signature: I certify that my leave report is accurate. I understand that misrepresentation can lead to disciplinary action.	Date
Supervisor /Approving Authority Signature: I confirm the accuracy of the leave report.	Date