

University of Wisconsin
LEAVE REPORT

Name EMPLOYEE, LEAVE		Title PROFESSOR		Leave Report For SEPTEMBER 2007	
Department A191500 MSN/ENGR/CIVIL & ENV ENGR/CIV&EN ENG				Type FACULTY	
Person ID 98765432		Appt ID 88888888		Payroll % 0.0	
				Pay Basis 9 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	SICK LEAVE				
*HOLIDAY					
MON AUG 27, 2007					
TUE AUG 28, 2007					
WED AUG 29, 2007					
THU AUG 30, 2007					
FRI AUG 31, 2007					
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					
TOTAL HOURS					

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