University of Wisconsin

LEAVE REPORT

Name EMPLOYEE, LEAVE		Title PROFESSOR	Leave Report For SUMMER 2007
Department A191500 MSN/ENGR/CIVIL & ENV ENGR/CIV&EN ENG			Type FACULTY
Person ID 98765432	Appt ID 88888888	Payroll % 100.0	Pay Basis 9 MONTH

Instructions for Reporting Leave	**Percent**	**Time Used**	**Time Reported**
1. If no leave time used, enter 0 in the Total Hours Row.	Part Time	Any amount	Actual hours
2. See chart to the right for reporting requirements.	Full Time	Less than 2 hrs	0 hours
3. Sign, date, and return leave report to approving authority by 03/04/08	Full Time	2-6 hours	4 hours
	Full Time	> 6 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 MAY 28, 2007						
SUN AUG 26, 2007						
TOTAL HOURS						

PLEASE REPORT ABOVE ANY SICK LEAVE USED DURING YOUR SUMMER EMPLOYMENT BY WRITING THE DATE(S) AND NUMBER OF HOURS USED.

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**