

# MONTHLY LEAVE ADJUSTMENT REPORT

To Be Completed by Administrators, Professional Staff, and Faculty\*



Employee: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Dept. Name: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

Please check one:  Administrator  Professional  Faculty

DAY OF MONTH

	Earnings Type	Total Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Verified Sick Leave	VSL																																
Unverified Sick Leave	USL																																
Family Illness	FML																																
Paid Time Off	PTO																																
Paid Leave	PDL																																
Jury Duty	JUR																																
Military Leave	MIL																																
Workers' Comp	WKC																																
Funeral	FNL																																
Family Medical Leave	FML																																
Family Verified Sick	FVS																																
Other																																	

\*\* PDL = Paid leave (professional development, etc.) \*\*

\* Faculty on long-term sick leave only.

\*\* MIL = Military leave (orders must be attached) \*\*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

