

Mississippi University for Women

Exempt Employee Leave Record*

Employee Name: _____

Department: _____

Date of Employment: _____

Leave Record for: _____

Month

of

Year

Record number of hours taken under appropriate column on the date leave was taken.

Day	Personal Leave	Medical Leave	Leave Without Pay	Holiday	Administrative Leave	Death in Family	Jury Duty	Military Leave	Unauthorized Absence
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									
Totals									

* also to be used by 12 month faculty

Personal Leave

Brought Forward _____
 Earned this month _____
 Used this month _____
 Balance _____

Major Medical Leave

Brought Forward _____
 Earned this month _____
 Used this month _____
 Balance _____

I hereby certify that the above record is true and complete to the best of my knowledge and belief.

Employee's Signature

Date

Supervisor's Signature

Date