

# Mississippi University for Women

## Less Than 12 Month Faculty 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	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								

**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