

STATE UNIVERSITY OF NEW YORK  
COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY  
SYRACUSE, NEW YORK 13210

FACULTY AND EXEMPT PROFESSIONAL STAFF (M/C AND UUP)

**LEAVE REPORT FOR THE MONTH OF** \_\_\_\_\_

CLICK ON BLACK TRIANGLES  
TO CHANGE DATE

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ UNIT \_\_\_\_\_

PERCENTAGE OF TIME SCHEDULED TO WORK     Full-Time     Part-Time

See <http://www.esf.edu/business/payroll.htm> for Instructions and Accrual Earning Rate

<b>Part I - CHARGEABLE ABSENCES</b> (record time earned in Part II below): Report 1 day for each full day of absence; Report ¾, ½, or ¼ day for less than full-day absences.						
ANNUAL LEAVE DAYS	LEAVE DATES	SICK LEAVE DAYS	LEAVE DATES	HOLIDAY WORKED	COMP TIME DAYS USED	DATE USED

Information presented above is accurate to the best of my knowledge.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>Part II - ACCRUAL SUMMARY</b> (Please complete this section each month):			
	ANNUAL LEAVE	SICK LEAVE	HOLIDAY
BALANCE: Beginning of Month			
Time Used During Month			
SUB TOTAL			
Time Earned			
BALANCE: End of Month			

Monthly Leave Reports must be submitted to your supervisor for signature by the 10<sup>th</sup> day of the following month.

Forward an original signed copy to PAYROLL  
Retain one copy for SUPERVISOR and one copy for EMPLOYEE