

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

Part I - CHARGEABLE ABSENCES (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 _____

Part II - ACCRUAL SUMMARY (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 10th day of the following month.

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