

Sample #1

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | |
|----------------|----------------------------|----|------|------------|-------|-------------------------------------|--------------------------|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? |
| 1 | | 8 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | 8H | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 8 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 8 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | 8 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | | | 8 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | | 8J | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Totals: | 24 | 8 | 0 | 8 | | | |

DEFINITIONS

VL = Vacation Leave
SL = Sick Leave
LWOP = Approved Leave Without Pay
FMLA = Family Medical Leave Act
WC = Workers' Compensation
FURLOUGH: Program dates 9/1/09-8/31/2010
 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included.

If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP)

Leave Codes
(Place in "other" Column)
 A = Administrative leave with pay (prof. devl, etc.)
 B = Bereavement (must use sick leave)
 F = Family Sick Leave (must use sick leave)
 J = Jury Duty (with statement of appearance verification)
 H = Holiday

- No Leave Activity Reported This Month
- Regular work schedule:** (Monday - Friday, 8 hours/day)
- Alternate work schedule:** **Weekly START schedule:**

| | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Mon: | Tue: | Wed: | Thu: | Fri: | Sat: | Sun: |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date

SAMPLE # 2

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | |
|----------------|----------------------------|----|------|------------|-------|--------------------------|-------------------------------------|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? |
| 1 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | 8 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | 8 | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | | 8 | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | 8H | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | 8 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | 8 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | 8 | | | 8B | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | 8 | | | 8B | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | 8 | | | 8B | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | | | | 8A | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | | | | | 8A | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Totals: | 16 | 48 | 0 | 0 | | | |

DEFINITIONS

VL = Vacation Leave
SL = Sick Leave
LWOP = Approved Leave Without Pay
FMLA = Family Medical Leave Act
WC = Workers' Compensation
FURLOUGH: Program dates 9/1/09-8/31/2010
 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included.

If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP)

Leave Codes
(Place in "other" Column)
 A = Administrative leave with pay (prof. devl, etc.)
 B = Bereavement (must use sick leave)
 F = Family Sick Leave (must use sick leave)
 J = Jury Duty (with statement of appearance verification)
 H = Holiday

- No Leave Activity Reported This Month
- Regular work schedule:** (Monday - Friday, 8 hours/day)
- Alternate work schedule:** **Weekly START schedule:**

| | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Mon: | Tue: | Wed: | Thu: | Fri: | Sat: | Sun: |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date

Sample #3

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | |
|----------------|----------------------------|----|------|------------|-------|-------------------------------------|-------------------------------------|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? |
| 1 | | 8 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | 8 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | 8H | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | 8 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | 8 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | 8 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 | | | 8 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | 8 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | 8 | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 | | 2 | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Totals: | 0 | 26 | 32 | 8 | | | |

DEFINITIONS

VL = Vacation Leave
SL = Sick Leave
LWOP = Approved Leave Without Pay
FMLA = Family Medical Leave Act
WC = Workers' Compensation
FURLOUGH: Program dates 9/1/09-8/31/2010
 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included.

If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP)

Leave Codes
(Place in "other" Column)
 A = Administrative leave with pay (prof. devl, etc.)
 B = Bereavement (must use sick leave)
 F = Family Sick Leave (must use sick leave)
 J = Jury Duty (with statement of appearance verification)
 H = Holiday

- No Leave Activity Reported This Month
- Regular work schedule:** (Monday - Friday, 8 hours/day)
- Alternate work schedule:** **Weekly START schedule:**

| | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Mon: | Tue: | Wed: | Thu: | Fri: | Sat: | Sun: |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date

Sample #4

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | | DEFINITIONS |
|----------------|----------------------------|----------|----------|------------|-------|-------------------------------------|-------------------------------------|--|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? | |
| 1 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | VL = Vacation Leave SL = Sick Leave LWOP = Approved Leave Without Pay FMLA = Family Medical Leave Act WC = Workers' Compensation FURLOUGH : Program dates 9/1/09-8/31/2010 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included. If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP) Leave Codes (Place in "other" Column) A = Administrative leave with pay (prof. devl, etc.) B = Bereavement (must use sick leave) F = Family Sick Leave (must use sick leave) J = Jury Duty (with statement of appearance verification) H = Holiday |
| 2 | 2 | 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | 4 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | | | | | 4H | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | | 2 | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18 | | | | | 4J | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29 | 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30 | 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Totals: | 10 | 8 | 0 | 0 | | | | |

No Leave Activity Reported This Month

Regular work schedule: (Monday - Friday, 8 hours/day)

Alternate work schedule: **Weekly START schedule:**

| | | | | | | |
|------------------|------------------|------------------|------------------|------------------|-------------|-------------|
| Mon: 8-12 | Tue: 8-12 | Wed: 8-12 | Thu: 8-12 | Fri: 8-12 | Sat: | Sun: |
|------------------|------------------|------------------|------------------|------------------|-------------|-------------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date

Sample #5

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | |
|----------------|----------------------------|----|------|------------|-------|-------------------------------------|--------------------------|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? |
| 1 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | 8H | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | | 4 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | 3 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | | 9J | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | 9 | | | 9F | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | | 9 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Totals: | 4 | 16 | 9 | 0 | | | |

DEFINITIONS

VL = Vacation Leave
SL = Sick Leave
LWOP = Approved Leave Without Pay
FMLA = Family Medical Leave Act
WC = Workers' Compensation
FURLOUGH: Program dates 9/1/09-8/31/2010
 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included.

If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP)

Leave Codes
 (Place in "other" Column)
 A = Administrative leave with pay (prof. devl, etc.)
 B = Bereavement (must use sick leave)
 F = Family Sick Leave (must use sick leave)
 J = Jury Duty (with statement of appearance verification)
 H = Holiday

No Leave Activity Reported This Month

Regular work schedule: (Monday - Friday, 8 hours/day)

Alternate work schedule: **Weekly START schedule:**

| | | | | | | |
|-----------------|-----------------|-----------------|-----------------|------------------|-------------|-------------|
| Mon: 7-5 | Tue: 7-5 | Wed: 7-5 | Thu: 7-5 | Fri: 7-11 | Sat: | Sun: |
|-----------------|-----------------|-----------------|-----------------|------------------|-------------|-------------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date

Sample #6

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | |
|----------------|----------------------------|----|------|------------|-------|-------------------------------------|--------------------------|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? |
| 1 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | 7H | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | | 7 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | | 7 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | 7 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | 3.5 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | | | | 7J | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | | 2 | | | 2F | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Totals: | 14 | 16 | 10.5 | 0 | | | |

DEFINITIONS

VL = Vacation Leave
SL = Sick Leave
LWOP = Approved Leave Without Pay
FMLA = Family Medical Leave Act
WC = Workers' Compensation
FURLOUGH: Program dates 9/1/09-8/31/2010
 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included.

If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP)

Leave Codes (Place in "other" Column)
 A = Administrative leave with pay (prof. devl, etc.)
 B = Bereavement (must use sick leave)
 F = Family Sick Leave (must use sick leave)
 J = Jury Duty (with statement of appearance verification)
 H = Holiday

No Leave Activity Reported This Month

Regular work schedule: (Monday - Friday, 8 hours/day)

Alternate work schedule: **Weekly START schedule:**

| | | | | | | |
|--------------------|--------------------|--------------------|--------------------|--------------------|-------------|-------------|
| Mon: 9-4:30 | Tue: 9-4:30 | Wed: 9-4:30 | Thu: 9-4:30 | Fri: 9-4:30 | Sat: | Sun: |
|--------------------|--------------------|--------------------|--------------------|--------------------|-------------|-------------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date

Sample # 7

MONTHLY LEAVE REPORT

- EXEMPT** (Librarians, Supervisors, Library Professional 4s, etc.)
- NON-EXEMPT** (Library Assistants, _Assistants, etc.)

Name: _____ Month: _____

Dept: _____ Year: _____

| Date | Enter number of hours used | | | | | Check if applies... | |
|----------------|----------------------------|----|------|------------|-------|-------------------------------------|--------------------------|
| | VL | SL | LWOP | FURLOUGH * | OTHER | FMLA? | WC? |
| 1 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | 10 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 2 | | | | 8H | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | | | 10 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | | | | 10A | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | 7 | 3 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Totals: | 9 | 13 | 0 | 10 | | | |

DEFINITIONS

VL = Vacation Leave
 SL = Sick Leave
 LWOP = Approved Leave Without Pay
 FMLA = Family Medical Leave Act
 WC = Workers' Compensation
 FURLOUGH: Program dates 9/1/09-8/31/2010
 * Furlough time can be taken in increments of 1/4 per hour for non-exempt employees and in full day increments for exempt employees. Only employees under PPSM and APM are included.

If FMLA or Workers' Comp, put a checkmark in FMLA or WC column to the right of the type of leave used for the absence (VL, SL, LWOP)

Leave Codes
 (Place in "other" Column)
 A = Administrative leave with pay (prof. devl, etc.)
 B = Bereavement (must use sick leave)
 F = Family Sick Leave (must use sick leave)
 J = Jury Duty (with statement of appearance verification)
 H = Holiday

- No Leave Activity Reported This Month
- Regular work schedule: (Monday - Friday, 8 hours/day)
- Alternate work schedule: Weekly START schedule:

| | | | | | | |
|----------|----------|----------|----------|------|------|------|
| Mon: 7-6 | Tue: 7-6 | Wed: 7-6 | Thu: 7-6 | Fri: | Sat: | Sun: |
|----------|----------|----------|----------|------|------|------|

Monthly/Bi-weekly START schedule: _____

Comments: _____

I certify that this report is accurate.

Employee's Signature/Date

Supervisor's Signature/Date

Dept. Head Signature/Date