



## Leave and Absentee Report

This form must be completed by all benefits eligible **SALARIED** employees to report vacation, sick, personal and other miscellaneous leaves.

(Note: Hourly employees report leave time only on hourly timesheets.)

**Leave and Absentee Report Forms must be submitted to Payroll within a week of time taken.**

EMPLOYEE'S NAME: \_\_\_\_\_ NSU ID #: **N** \_\_\_\_\_  
(Required)  
DEPT/CENTER: \_\_\_\_\_ EXTENSION: \_\_\_\_\_  
(Required)  
TODAY'S DATE: \_\_\_\_\_ EMPLOYEE'S DATE OF HIRE: \_\_\_\_\_

Check box if you are advanced vacation on July 1 ☐

| TYPE OF LEAVE:  | EXACT DATE(S) TAKEN: | TOTAL<br>HOURS<br>PAID | TOTAL<br>HOURS<br>UN-PAID |
|---|----------------------|------------------------|---------------------------|
| <input type="checkbox"/> VACATION   | _____                | _____                  | _____                     |
| <input type="checkbox"/> SICK (One week or less)  | _____                | _____                  | _____                     |
| <input type="checkbox"/> EXTENDED SICK<br>(More than one week's duration: Notify Benefits Dept)                           | _____                | _____                  | _____                     |
| <input type="checkbox"/> PERSONAL   | _____                | _____                  | _____                     |
| <input type="checkbox"/> BEREAVEMENT _____<br>(Specify Relationship)  | _____                | _____                  | _____                     |
| <input type="checkbox"/> JURY DUTY (Attach Jury Duty Notice)  | _____                | _____                  | _____                     |
| <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> Work Related <input type="checkbox"/> Non Work Related | _____                | _____                  | _____                     |

\_\_\_\_\_  
(Specify)

***Please sign with blue ink to ensure this is the original form and not a copy***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Center/Department Head)

**Send Original to *Payroll*; maintain a copy for your records**