



# 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 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 HOURS PAID	TOTAL HOURS UN-PAID
<input type="checkbox"/> VACATION	_____	_____	_____
<input type="checkbox"/> SICK (One week or less)	_____	_____	_____
<input type="checkbox"/> SICK (More than one week's duration: Notify Benefits Dept)	_____	_____	_____
<input type="checkbox"/> PERSONAL	_____	_____	_____
<input type="checkbox"/> BEREAVEMENT (Relationship) _____	_____	_____	_____
<input type="checkbox"/> JURY DUTY (Attach Jury Duty Notice)	_____	_____	_____
<input type="checkbox"/> MISCELLANEOUS	_____	_____	_____
<input type="checkbox"/> Work related <input type="checkbox"/> Non Work related			
(Specify) _____			

*Please sign with ink color other than black 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**