

Faculty Sick Leave Timesheet

This report is to be completed by the faculty member and submitted to the appropriate division/department chair/director for the month being reported.

Name: _____ Div/Dept: _____

Signature: _____ Date: _____

Div Chair/Dept. Dir Signature: _____ Date: _____

Months Being Reported:
(Circle the appropriate month)

Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May

Circle the Dates Used During the Month as Sick Leave:

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Notes/comments (if any):