

LEAVE REPORT FORM

Florida Agricultural and Mechanical University

COMPLETE THE INFORMATION REQUESTED BELOW

Name: _____ SS#: _____
 Dept. Name: _____ Dept. Number: _____

CHECK THE APPLICABLE BLOCKS UNDER POSITION TYPE AND CONTRACT PERIOD

Position Type	Contract Period	Type of Leave
<input type="checkbox"/> Faculty	<input type="checkbox"/> 9 Months	<input type="checkbox"/> Annual
<input type="checkbox"/> Administrative & Professional	<input type="checkbox"/> 10 Months	<input type="checkbox"/> Sick
<input type="checkbox"/> Executive Service	<input type="checkbox"/> 12 Months	<input type="checkbox"/> *Jury/Military Duty
		<input type="checkbox"/> Leave Without Pay (<i>LWOP</i>)
		<input type="checkbox"/> DRS Day (FAMU High School)

RECORD OF LEAVE REQUESTED/TAKEN

Employee--In the appropriate column, indicate the beginning and ending dates, total hours and type of leave that is requested or taken.

Supervisor--In the approval date column, indicate the date leave is approved and affix your initials in the supervisor's initials column.

Beginning Date	Time	Ending Date	Time	Total Hours	Type of Leave	Approval Date	Supervisor's Initials

I hereby certify that this is a true and accurate record of all leave requested/taken during the period(s) specified.

Employee's Signature

Supervisor's Signature

***Attach a copy of jury summons for jury duty and/or official orders for military duty.**