

LEAVE REPORT FORM
Faculty and Professional Staff

Employee ID#: _____

Employee Name: _____ SSN: _____ PCN: _____

Department: _____ Extension: _____ Period Ending Date: _____

DAY	DATE	VAC	SIC	JAT	JUR	MLT	MDA	SFM					TOTAL
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

TOTALS											PAYROLL USE ONLY		
Totals for the Entire Two Week Period		VAC	SIC	JAT	JUR	MLT	MDA	SFM		TOTAL	ACCT	PCN	JOB CL

EMPLOYEE	DATE	SUPERVISOR	DATE
COMMENTS		INSTRUCTIONS	
		<ol style="list-style-type: none"> 1. Print all information entered on the Leave Report Form in ink. 2. A separate Leave Report Form must be completed for each pay period in which leave is taken. 3. Designate the type of leave taken by using the leave codes shown below. 4. For each day, enter the date and the number of hours of leave taken. 5. After the supervisor has signed the leave form, please send to Payroll. Forms are due in Payroll on payday for the current period. 	
TIME CODES			
SFM – Sick Leave Taken (Family) FMV – FMLA Vacation FML – FMLA Without Pay JAT – On-the-Job Accident (used for workers comp or injury, sick leave balance reduced) JUR – Jury Duty (attach summons) LWA – Leave Without Pay (Job Injury) LWO – Leave Without Pay		FMS – FMLA Sick MDA – Medical Appointment MDF – Medical Appointment (Family) MLT – Military leave Taken (attach orders) SIC – Sick Leave Taken (sick leave balance reduced) SBR – Sick Leave/Bereavement (sick leave balance reduced) VAC – Vacation Leave Taken (vacation balance reduced)	

Please return to: 1910 University Drive • A-218 • Boise, ID • 83725-1265

Phone: 208-426-1616

****Photocopy As Needed****