

NAME: _____ DEPARTMENT: _____ SUPERVISOR: _____

2011 PROFESSIONAL LEAVE RECORD		VACATION LEAVE (40 days maximum carryover)				SICK LEAVE/FAMILY LEAVE (200 days maximum carryover) Specify "family" leave (see back)					HOLIDAY LEAVE Please Check W, O, or NS*		INITIALS Please initial for each month below		
		SPECIFY DATES				SPECIFY DATES									
Project/Award Numbers		Earned	Total Time Used	Dates	BALANCE	Earned	Time Used	Dates	Time Used	Dates	BALANCE	Holiday	BALANCE	Employee	Supervisor
JANUARY	P- A-											1/01 W O NS 1/17 W O NS			
FEBRUARY												2/12 W O NS 2/21 W O NS			
MARCH															
APRIL															
MAY												5/30 W O NS			
JUNE															
JULY												7/04 W O NS			
AUGUST															
SEPTEMBER												9/05 W O NS			
OCTOBER												10/10 W O NS			
NOVEMBER												11/08 W O NS 11/11 W O NS 11/24 W O NS			
DECEMBER												12/25 W O NS			

*W = Worked, O = Off, and NS = Not Scheduled