ELON UNIVERSITY

MONTHLY LEAVE REPORT

(Exempt Employees)

Department _____ Month / Year _____

Leave Codes:	**S = Sick**	**M = Maternity Leave**
	V = Vacation	**BF = Bereavement, Immediate Family**
	H = Holiday	**B = Bereavement, Other Family**
	WC = Worker's Compensation	

Timesheets should be submitted to Payroll at 2900 CB by the 10th of the following month.
Questions relating to timesheets should be directed to the Payroll Office, ext. 5265.

Supervisors are reminded to submit employee's timesheet to Payroll while employee is out on leave.
Questions relating to leave policies should be directed to the Office of Human Resources, ext. 5560.

Name	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	Initial

Department Head _____

Certified to be true and correct