

## **Teaching and Research Faculty Record of Leave Usage**

Name: \_\_\_\_\_

I was absent from my duties from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year

\_\_\_\_\_ totaling \_\_\_\_\_ work days  
Month Day Year (.5, 1, 1.5 etc)

because of:

**Traditional Sick Leave Plan**

**Virginia Sickness & Disability (VSDP)**

Sick Leave

Sick Leave

Family Sick Leave

Family & Personal Leave

Family & Medical Leave (FMLA)

Family & Medical Leave (FMLA)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**Mail completed form to:**

**Department of Human Resources  
P.O. Box 6889**