Teaching and Research Faculty
Record of Leave Usage

Name: ________________________________
(Print)

I was or will be absent beginning: ______________________________ to
Month Day Year

_______________________________
Month Day Year

(totaling _______ hours
(.5, 1, 1.5 etc)

because of:

Traditional Sick Leave Plan
☐ Sick Leave
☐ Family Sick Leave
☐ Family & Medical Leave (FMLA)

Virginia Sickness & Disability (VSDP)
☐ Personal Sick Leave
☐ Family Personal Leave
☐ Family & Medical Leave (FMLA)

Other Leave
☐ Type (annual, administrative, etc.) ______________________________

_________________________________________ _______________________
Employee Signature Date

_________________________________________ _______________________
Supervisor Signature Date

Mail completed form to: Department of Human Resources, P.O. Box 6889