

Teaching and Research Faculty Record of Leave Usage

Name: _____
(Print)

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

_____ totaling _____ hours
Month Day Year (.5, 1, 1.5 etc)

because of:

Traditional Sick Leave Plan

Virginia Sickness & Disability (VSDP)

Sick Leave

Personal Sick Leave

Family Sick Leave

Family Personal Leave

Family & Medical Leave (FMLA)

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