

**Southern Oregon University
Salaried Exempt Unclassified Employee Leave Record
(Exempt from Overtime Eligibility)**

Name: (Please Print)	Employee ID No.:	Department:	Month/Year:
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Leave Taken																																
Calendar Days	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	Total
Sick Taken																																
Vacation Taken																																
Holiday Taken																																
LWOP																																
Other (indicate*)																																

If no leave was taken during a month, please enter "zero" in the total column and submit the leave record with signatures.

*Indicate "Other" leave taken here (date, hours, type). Example: 12/26—8 hrs jury duty or 8 hrs special governor's day

We certify that the hours indicated on this record are correct.

Employee's Signature: _____ Date: _____

Supervisor's Name (Print): _____

Supervisor's Signature: _____ Date: _____

**Submit approved leave record to the
Payroll/Benefits Office, CH 160, 3 workdays
after the last business day of the month.**

Refer to: OAR 580-021-0030 Vacations (12-month, 0.50 FTE or greater)
OAR 580-021-0040 Sick Leave Plan for Academic Personnel
(0.50 FTE or greater)

LEAVE BALANCES – For Payroll Office Use Only			
	SICK LEAVE	VACATION	HOLIDAY
Beginning Balance			
Hours Accrued			
Hours Taken			
Next Month Available Balance			
Entered:			