
UNIVERSITY OF MINNESOTA, CROOKSTON

Vacation and Sick Leave Monthly Report

For Faculty and Professional Administrative (P&A) Employees

Name _____ Month _____ Year _____

(Please Submit, in hours – Must be no less than .25 hour)

	DATE	HOURS	DATE	HOURS
VACATION USED:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
			TOTAL USED:	_____

SICK LEAVE USED:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
			TOTAL USED:	_____

COMP TIME USED:	_____	_____	_____	_____
	_____	_____	_____	_____
			TOTAL USED:	_____

OTHER REASONS: _____

Employee's Signature

Supervisor's Signature

Please complete this report & submit it to UMC Office of Human Resources, 121A Selvig Hall, every month