CHICAGO STATE UNIVERSITY

WEEKLY LEAVE REPORT

In accordance with the Illinois State Official and Employee Ethics Act, each employee is required to report their time and attendance on a daily basis.

Employee Name: ***(Printed)***										
Title:										
Leave Report Period: The Leave report period coincides with the University pay schedule. The Pay schedule is as follows: **1st through the 15th** of the month; and **16th through the last day of the month**.										
Day of the week:	***Mon.***	***Tues.***	***Wed.***	***Thurs.***	***Fri.***	***Mon.***	***Tues.***	***Wed.***	***Thurs.***	***Fri.***
Date (MM/DD/YY):										
Earning Category	Please indicate the total number of hours used per day for each category and certify the accuracy of total number of hours worked with your signature at the end of each pay period.									
Sick Leave Taken										
Vacation Leave Taken										
Personal Days Taken Unit A/B										
Bereavement Leave Taken										
Jury Duty Served										

I certify that this is a true and accurate reflection of the hours utilized as exception or leave time during this report period. I attest that I have met my obligation of working an average of 37.5 hours per week as set forth in my annual work plan (Academic Support Professionals and Unit C), or that I have fulfilled my obligations as detailed in the assignment of duties (faculty). I further understand that it is my responsibility to ensure that all exception or leave time forms (i.e. Vacation request forms, Sick Leave request forms, Bereavement forms, etc.) with approvals and required documentation are submitted to the Office of Human Resources during this report period.

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Employee Signature and Date