

RECORD OF LEAVE TAKEN

Name: _____

Winthrop ID or SSN: _____

Department: _____

Month/Year: _____

Dates: **1-15** **16-31**
(Circle **ONLY** one)

For HR Use Only
Job Code: _____
Assignment: _____
Payroll R: _____
Entered by: _____

CIRCLE dates leave was taken in column A only or in column B only.

Dates:		Annual 160			Sick/Employee 170			Sick/Family 180			Other* _____				
A	B	From	To	Hrs	From	To	Hrs	From	To	Hrs	From	To	Hrs		
1	16														
2	17														
3	18														
4	19														
5	20														
6	21														
7	22														
8	23														
9	24														
10	25														
11	26														
12	27														
13	28														
14	29														
15	30														
	31														
Total hours:															

Employee's Signature

Date

Supervisor's Signature

Date

*** Other Leave Codes:**

190 Jury Duty (attach copy of subpoena)

200 Military Leave (attach copy of orders)

210 Funeral Leave (valid for an immediate family member, which is defined as spouse, great-grandparents, grandparents, parents, legal guardians, brothers, spouse of brothers, sisters, spouse of sisters, children, spouse of children, grandchildren, great-grandchildren of either the employee or the spouse)

300 Personal Leave Without Pay

325 Sick Leave Without Pay

400 Furlough Leave

900 Holiday Compensatory Time

910 Civil Leave (work related)

920 Blood Drive **930** Bone Marrow Donation

Name of deceased _____ Relationship _____

Dates **1-15** submit to HR by the **20th** of current month; dates **16-31** submit to HR by the **5th** of the next month.

Retain copy for Employee Records.