

SALARIED REPORT: TIME OFF

Name: _____

Social Security #: _____

Department: _____

Date(s) Out: _____ Total Hours Out: _____

Reason (Please Circle)

Sick Leave:

- A** - Sickness
 Doctor/Dentist Appt.
- D** - Sickness in Family
- F** - Death in Family
- L** - Family Medical Leave

Vacation:

- B** - Personal
- V** - Vacation

Please send completed report to the Personnel Department