



Late Submission Leave Reporting

FT Exempt Employees Only

Name _____

G# _____

Department _____

Org# _____

Ext #: _____

Note: If multiple dates please give breakdown of hours by day.

	Date(s)	Hours		Date(s)	Hours
Sick	_____	_____	Vacation	_____	_____
	_____	_____		_____	_____
Personal Business	_____	_____	Dock Time	_____	_____
	_____	_____	Travel	_____	_____
Bereavement*	_____	_____	Reason for Travel	_____	_____
Relationship	_____	_____	Jury Duty	_____	_____

***Please attach court summons and release form**

Employee Signature: _____

Date: _____

Approved by Immediate Supervisor _____

Date _____