ALBEMARLE COUNTY LEAVE REPORT

07/2008

EMPLOYEE NAME: _____ **POSITION:** _____

DEPARTMENT: _____

TYPE OF LEAVE TAKEN:	CODE	TOTAL HOURS
Sick Leave	20	
Illness in Family **	21	
Death in Family/Bereavement **	22	
Personal Taken * & ** (Schools only)	23	
Sick Bank Taken *	29	
Annual Leave *	30	
Leave Without Pay	40	
Professional Leave	50	
Emergency Leave	51	
Holiday Leave	52	
Other – Jury, Military, etc.	53	

TYPE OF LEAVE TAKEN:	CODE	TOTAL HOURS
Comp Earned 1 ½ Time	60	
Comp Earned Regular Time	61	
Comp Paid 1 ½	62	
Comp Paid Regular	63	
Comp Time Taken	64	
Family Leave – Sick Leave Individual	80	
Family Leave – Sick Leave Family	81	
Family Leave – Annual Leave	82	
Family Leave – Sick Bank Taken	84	
Family Leave – Leave Without Pay	85	

* To be submitted in advance and subject to approval

** Deducted from sick leave

INCLUSIVE DATES ABSENT: _____ **THROUGH** _____
(FIRST) **(LAST)**

_____ _____
EMPLOYEE SIGNATURE **DATE** **SUPERVISOR SIGNATURE** **DATE**

ORIGINAL: Department/School COPY: Employee

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PRINT RESET FORM

ORIGINAL: Department/School COPY: Employee