

**COLUMBUS STATE UNIVERSITY  
MONTHLY LEAVE STATEMENT REPORT  
FOR  
ADMINISTRATIVE AND FACULTY MONTHLY EMPLOYEES**

<b>Leave Types:</b>			
*Vacation <input type="checkbox"/>	Sick <input type="checkbox"/>	Jury Duty <input type="checkbox"/>	Military <input type="checkbox"/>
Leave W/0 Pay	(Prior approval by HR Director required)		<input type="checkbox"/>
Family Medical Leave	(Prior approval by HR Director required)		<input type="checkbox"/>

*\*Does not apply to 9-month faculty*

Name: \_\_\_\_\_

Employee I.D. Number: \_\_\_\_\_

Department: \_\_\_\_\_

For Month of: \_\_\_\_\_

*(Due in Payroll by 10th of following month)*

**Leave Taken (Indicate Number of Hours)**

Date(s)	Vacation Hours	Date(s)	Sick Hours	Date(s)	Other Hours
<b>Total</b>					

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Date

*Revised 11/29/2006*

*Dist: Payroll/Approving Authority/ Vice President--Dean*