FACULTY SICK LEAVE REPORT

DEPARTMENT: _____ **Month:** _____
Year: _____

CHAIRPERSON: _____

List absences for **FULL TIME FACULTY** only: Please list sick or "R" time only.

SABBATICAL LEAVE should be reported at the beginning of each semester.

Absences for LECTURER'S (both Daytime and Extended Day) should be reported to the Divisional Dean in writing, as the absence occurs.

PLEASE return this form to the PAYROLL OFFICE by **the 1st working day of the month**.

NAME	BANNER ID	DATE

_____
CHAIRPERSON SIGNATURE DATE