# 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 |
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CHAIRPERSON SIGNATURE DATE