



LEAVE REPORT FOR EXEMPT STAFF

*Due date: immediately upon return from leave.
Exception: leave report for June is due on June 16.*

Employee Name: _____
Seattle U Email: _____

Department Name: _____

TYPE OF LEAVE	DATES	TOTAL HOURS
Vacation:	_____	_____
Sick:	_____	_____
Community Service:	_____	_____
Bereavement:	_____	_____
Jury Duty:	_____	_____

Other Comments:

Employee Signature: _____

Date: _____

Print Name: _____

Email this form to your supervisor for approval. If supervisor's signature is not required, submit to payroll@seattleu.edu.

Supervisor Signature (*): _____

Date: _____

Print Name: _____

Supervisor Email: _____

Supervisor signature is not required for Administrators and above.

For Payroll Use Only

Pay Period Date: _____