JACKSON STATE UNIVERSITY

FACULTY AND STAFF EMPLOYEE ABSENCE REPORT

GUIDELINES FOR COMPLETING AND SUBMITTING LEAVE FORM

Employee: Complete, sign and attach document (if applicable) to this leave form and submit to your manager/department head.

Manager/Department Head: Your signature authorizes approval for the designated days off. **Please submit the original form to the Office of Human Resources.** *Copies may be <u>retained for departmental and employee's records.</u>*

SOCIAL SECURITY NUMBER: LAST NAME					FIRST NAME					M.I.
Please check your pay-stub or Bannerweb for leave balances. EMPLOYEE RESPONSIBILITY: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO OBTAIN APPROVAL FOR VACATION FROM HIS/HER MANAGER / DEPARTMENT HEAD. IT IS ALSO THE RESPONSIBILITY OF THE EMPLOYEE TO COMPLETE AN ABSENCE REPORT THE FIRST DAY AFTER RETURNING FROM LEAVE. CONDITIONS OF PAID TIME OFF: IF AN EMPLOYEE DOES NOT HAVE ADEQUATE TIME ACCRUED TO COVER HOURS/DAYS ABSENT, THE EMPLOYEE'S CHECK WILL BE DOCKED FOR THOSE HOURS OR PLACED IN A NO-PAY STATUS FOR THAT ABSENCE. PLEASE REFERENCE THE LEAVE BENEFITS POLICY.										
ALL TIME USED MUST BE REPORTED										
SICK LEA	ICK LEAVE PERSONA /VACATION H			Family Med LEAVE	dical	JURY DUTY	BEREAVEMENT		MILITARY LEAVE	
START DATE		START DATE		START DATE		RT DATE	START DATE		START DATE	i.
END DATE		END DATE		END DATE	END	DATE	END DATE		END DATE	
TOTAL HRS		TOTAL HRS		TOTAL HRS	TOT	AL HRS	TOTAL HRS		TOTAL HRS	\vdash
BEREAVEMENT LEAVE (PLEASE STATE RELATIONSHIP)										
MILITARY LEAVE: START DATE:					END DATE:	(PLEASE ATTACH ORDERS)				
FAMILY MEDICAL LEAVE (FMLA): CHARGE TO SICK LEAVE:										
COMMENTS										
Employee's Signature Date										
Manager/Department Head Signature				Department			Date			
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Area Vice President Signature					Vice President Printed Name			Date		

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