

# PLU Salaried Staff Leave Report

Full Name: \_\_\_\_\_  
 PLU ID: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Department: \_\_\_\_\_

Leave Period Start Date: \_\_\_\_\_  
 Leave Period End Date: \_\_\_\_\_

We are not able to accept incorrect or incomplete leave reports. Please follow the example and fully complete the leave report before submitting.

Day Of Week & Date		Leave Used (Non-Worked Hours)				Total Hrs For Day
		Code	Hours	Code	Hours	
<i>*Example*</i>	6/1/2024	SIC	1.00	VAC	2.00	8.00
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
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Friday						
Saturday						
Sunday						

Leave Codes	
HOL - Holiday Leave	JUR - Jury Duty
VAC - Vacation	BRV - Bereavment
SIC - Sick	LWP - Leave No Pay
SFS - Summer Flex	UCL - Univ. Closure

Total Hours Summary	
Holiday Leave:	_____
Vacation:	_____
Sick Leave:	_____
Summer Flex:	_____
Jury Duty:	_____
Bereavement:	_____
Leave Without Pay:	_____
University Closure:	_____
<b>Total Hours for Period:</b>	

Payroll Only: Weekly Hours Summary			
	Worked	Leave	Total Hrs
Week 1:			
Week 2:			
Week 3:			
Week 4:			
Week 5:			
Week 6:			

\_\_\_\_\_  
Employee Signature & Date

\_\_\_\_\_  
Supervisor Signature & Date

**Submit timesheet to the Payroll Office in Admin #106 by the deadline for the period.**